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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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2012
Open to Public Inspection

	Α	For the 2	012 calendar year, or tax year beginning and ending	<u></u>	_
	В	Check if applicable	C Name of organization	D Employer identification number	
	_		Physical Therapy Association of		
		Address change	Washington, Inc.		
	L	Name change	Doing Business As	91-6035954	
		Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/s		
	╘	Termin- ated	208 NW Rogers	360-352-7290	_
	Ļ	Amended	City, town, or post office, state, and ZIP code	G Gross receipts \$ 669,065	<u>.</u>
	L	Applica- tion pending	Olympia, WA 98502	H(a) is this a group return	
		,	F Name and address of principal officer: Jackie Barry	for affiliates? Yes X N	
	_		same as C above	H(b) Are all affiliates included? Yes N	0
				527 If "No," attach a list. (see instructions)	
			▶ www.ptwa.org ganization X Corporation Trust Association Other	H(c) Group exemption number ► Year of formation 1949 M State of legal domicile W	JΔ
			ummary	Tear of formation 1949 Wi State of legal domicile W	
			efly describe the organization's mission or most significant activities: To promo	ote the physical therapy	_
	Activities & Governance		rofession in the state of Washington through		_
	'nā		eck this box If the organization discontinued its operations or disposed of r		
	ve		imber of voting members of the governing body (Part VI, line 1a)		0
	Ğ	1	imber of independent voting members of the governing body (Part VI, line 1b)	4 1	0
J	Š	i .	tal number of individuals employed in calendar year 2012 (Part V, line 2a)	5	3
2	Viţi	1	tal number of volunteers (estimate if necessary)	6	0
2 0 2013	Cţ	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12	7a 79,478	
	_	b Ne	t unrelated business taxable income from Form 990-T, line 34	7ь 48,189	<u>.</u>
SCANNED JUN				Prior Year Current Year	_
7	ā	8 Cc	ontributions and grants (Part VIII, line 1h)		<u>) .</u>
	Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)	569,553. 612,782	
3	Rev	10 inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)	1,159. 11,119	
	_	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,945. 14,884	
Š			tal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	582,657. 638,785) .
⊎ ∂			ants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>;</u>
			enefits paid to or for members (Part IX, column (A), line 4)	168,251. 150,207	
	Expenses	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ofessional fundraising fees (Part IX, column (A), line 11e)		<u>.</u>
	pen	b To	tal fundraising expenses (Part IX, column (D), line 25)		
	Ä	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	495,281. 456,728	<u>.</u>
		1	tal expenses. Add lines 13-17 (must equal Partix, column (A), line 25)	663,532. 606,935	_
		19 Re	evenue less expenses. Subtract line 18 from line 12 (FIVE)	<80,875.> 31,850	
	Assets or A			Beginning of Current Year End of Year	_
	sets	20 To	tal assets (Part X, line 16) MAY 2 0 2013	363,187. 402,940	
	TAS PAS	21 To	tal labilities (Part X. line 26)	6,706. 1,516	
	يَّك	22 N∈	et assets or fund balances. Subtract line 21 from line 20	356,481. 401,424	<u>.</u>
			Signature Block OGDEN 15		
			s of perjury, I declare that I have examined this return, including accompanying schedules and st		S
	true	e, correct, a	and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge	—
	٠.	1	Signature of officer	Date / /	—
	Sig		Jackie Barry, Executive Director	5/15/2012	
	He	re	Type or print name and title	01/01/05/5	
	_		rint/Type preparer's name Preparer's signature .	Date Check PTIN	
	Pai		aria A. Ichiyama, CPA Maria Chuyama, C	A 05/14/13 self-employed P00705140	
			rm's name Frost & Company, P.S.	Firm's EIN > 91-1136436	_
		_	rm's address P O Box 7609		_
		·	Olympia, WA 98507-7609	Phone no (360) 786-808	30
	Ma	v the IRS	discuss this return with the preparer shown above? (see instructions)		No.

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Pa	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: None	
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.	Yes X No
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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$) (Revenue \$))
	To promote the physical therapy profession.	
		
		<u> </u>
4b	(Code) (Expenses \$)
		
4c	(Code) (Expenses \$)
4d	· ·	\
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶	
		Form 990 (2012)

			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		<u>X</u>
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		_X_
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		Х	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Λ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	Х	
ь	Did the organization report an amount for investments • other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	116		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
þ	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	44.		v
4-	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 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
4.0	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	13		
16	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,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990	(2012)

			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	1		
	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			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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	ļ	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	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		<u> </u>
þ	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	:		
	Schedule L, Part I	25b		ļ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-	•	х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	l	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	20		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
04	contributions? If "Yes," complete Schedule M	30		 **
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	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, Part II, III, or IV, and	- 00	_	
34	Part V, line 1	34		Х
35a	T	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		<u> </u>
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
Ų.	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		T -	
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			•	(2012)

orm	990 (2012) Washington, Inc. 91-6035	<u>954</u>	P	<u>age 5</u>
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			<u> </u>
		·······	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	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		Х	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Α.	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Х	
	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	40		X
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
Þ	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.	5a	1	Х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b		5c		
	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		 	
oa	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
U	were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			1
a	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]
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
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	<u> </u>	ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	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	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.			
a	•	9a		
ь		9ь	 	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
. b	arous rootspie, monages on reminerary and respectively.	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		-	
a		1		
þ	amounts due or received from them)			
100	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		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
a	1. It is a second to the second the second to the second through the s	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
_	organization is licensed to issue qualified health plans]		
c	5	ļ	<u> </u>	<u> </u>
14a	The state of the s	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	<u> </u>
			~~~	

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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	tion 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 1	<u>o</u>		
	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			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 1	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	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, stockholders, or			
	persons other than the governing body?	7b	X	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year 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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			ļ
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	<del> </del>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before 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	<del> </del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		J.	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<del> </del>
14	Did the organization have a written document retention and destruction policy?	14	X	<del> </del>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		X	
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
Ь		15b	<del> </del>	A
4.0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		х
4.	taxable entity during the year?	108	<del>                                     </del>	<del>  ^</del>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16ь	Ì	
800	exempt status with respect to such arrangements?	1 100	L	
	List the states with which a copy of this Form 990 is required to be filed ► None			
17 10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	\ availal	nie	
18	for public inspection. Indicate how you made these available. Check all that apply.	, uvanai	-,-	
	Own website Another's website X Upon request Other (explain in Schedule 0)			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and fine	ncial	
19	statements available to the public during the tax year.	aio iiia	Joan	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zation: I	•	
20	Jackie Barry - 360-352-7290			
	208 NW Rogers, Olympia, WA 98502			
23200		<b></b>	. 000	/2012

12-10-12

#### Form 990 (2012) 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

### 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 (Ď), (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 organization (A)	(B)	(C)				npei	isai	(D)	(E)	(F)		
Name and Title	Average	Position						Reportable	Reportable	Estimated		
Name and Title	hours per	box, unless pe			neck more than one			compensation	compensation	amount of		
	week	offic	officer and a director/trustee)			or/trus	tee)	from	from related	other		
	(list any	actor						the	organizations	compensation		
	hours for	- <del>5</del>				Eg		organization	(W-2/1099-MISC)	from the		
	related	trustee or director	l age		ا ا	pers		(W-2/1099-MISC)		organization		
	organizations	T Par	ona!		akold	E 28				and related		
	below line)	Individual	Institutional frustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations		
(1) Elaine Armantrout	0.50											
President		X		Х	_		ļ	0.	0.	0.		
(2) Sarah Lewis	0.50									•		
Secretary		Х	<u> </u>	Х	L.	<u> </u>		0.	0.	0.		
(3) Tim McBeth	0.50									_		
Treasurer		X		X		<u> </u>	ļ	0.	0.	0.		
(4) Michael Edward Miller	0.50						ŀ					
Board Member		X				<u> </u>		0.	0.	0.		
(5) Bart Randall Hawkinson	0.50									_		
Board Member		X	<u> </u>	ļ.,				0.	0.	0.		
(6) Peter Rigby	0.50		1					_		_		
Vice President		Х	ļ	X				0.	0.	0.		
(7) Jennifer Lesko	0.50											
Board Member		X				ļ		0.	0.	0.		
(8) James Michael Ray Shepherd	0.50											
Board Member		Х	╙	ļ	<u> </u>	ļ		0.	0.	0.		
(9) Lisa Jo McCann	0.50			į						_		
Board Member		X	<u> </u>		<u> </u>	ــــــ	ļ	0.	0.	0.		
(10) Mickie Hucke	0.50							,		_		
Board Member	40.00	X	┡		├—	_		0.	0.	0.		
(11) Jackie Barry	40.00	ļ		١,,	ļ		l	71 773		_		
Executive Director	0.50	_	├	X	├		-	71,773.	0.	0.		
(12) Jan Galvin	0.50	-			l	1				,		
Board Member		<u> </u>	├					0.	0.	0.		
		$\cdot$										
			$\vdash$	$\vdash$	⊢	┼						
		1		1								
		_		<del> </del>	<del> </del>		$\vdash$					
		1							!			
	<u> J </u>	<u> </u>		<u></u>	<u> </u>	1		ŀ	<u> </u>	L		

Form 990 (2012)

rar	VII Section A. Officers, Directors, Tru		ploy	ees	and	d Hi	ghe	st C			<del></del>	<b></b>	
	(A)	(B) (C) Average Position							(D) Reportable	(E)	(F) Estimated		
	Name and title	hours per		not c	heck I	more	than		compensation	Reportable compensation	1 -	nount	
		week	offi	cer an					from	from related		other	
		(list any	director						the	organizations	1	pensa	
		hours for related	5	88			Z Eg		organization	(W-2/1099-MISC)		rom th	
		organizations	trustee	trust		8	Tpen.		(W-2/1099-MISC)		_	janizat d relat	
		below	t ig	Institutional truster	_	g	25 SZ 26 SZ	l lis				anızatı	
		line)	Individual	last tage	Officer	Key employee	Highest compensated employee	Ē					
			ļ				L.	ļ					
							┡	<u> </u>			<u> </u>		
			-										
		<del>-</del>		-		_	-	_					
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4 1-	O-b A-A-1		<u> </u>	Ì	<u>.                                    </u>	l		<u> </u>	71,773.	0	_		0.
	Sub-total  Total from continuation sheets to Part	/II Section A							0.	Ö			0.
	Total (add lines 1b and 1c)	vii, Section A					•		71,773.	0			0.
	Total number of individuals (including but	not limited to th	nose	liste	ed at	bove	e) wh	no re	<del>'</del>	<del> </del>	- 1		
_	compensation from the organization	_											C
												Yes	No
3	Did the organization list any former office	r, director, or tri	uste	e, ke	y en	nplo	yee	, or I	highest compensated e	mployee on	}		
	line 1a? If "Yes," complete Schedule J for										3		X
4	For any individual listed on line 1a, is the									the organization			,
	and related organizations greater than \$1										4		X
5	Did any person listed on line 1a receive of							elat	ed organization or indiv	idual for services	_		Х
Sect	rendered to the organization? If "Yes," co ion B. Independent Contractors	mpiete Scheaui	e J i	or s	JCN	pers	son				5	<u> </u>	_ A
1	Complete this table for your five highest of	compensated in	den	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsation	from	
•	the organization. Report compensation for												
	(A)								(B)		(	C)	
	Name and busines	s address	N(	INC	<u> </u>				Description of s	services	Compe	nsatio	n
								$\dashv$					
								$\dashv$	<del> </del>		•		
								-					
								$\dashv$					
				-			,						
	T + 1	(including but r	not li	mito	4 + 4	4 h a	co li	otod	above) who received n	nore than			
2	Total number of independent contractors	(including but i	101 11	111116	u io		0	SIÇU	. 45570) 11110 15551154 11	iore triair			

91-6035954 Page 9 Washington, Inc. Form 990 (2012) Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) (C) Total revenue Related or Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 1b Membership dues 1c Fundraising events 1d d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 331,384. 211,248. 331,384 2 a Member Dues 900099 Program Service Revenue 211,248. **b** Conferences 900099 47,349 47,349. 541800 c Web Advertising 17,245 541800 17,245. d Newsletter 5,556. 900099 5,556 Miscellaneous f All other program service revenue 612,782. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 7,106. 7,106. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 9,290. 6 a Gross rents 0. b Less rental expenses 9,290. c Rental income or (loss) 9,290 9,290 d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 34,293. assets other than inventory b Less: cost or other basis 30,280 and sales expenses 4,013. c Gain or (loss) 4,013. 4,013 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses  $\blacktriangleright$ 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 and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 5,040 5,040. 11 a Mail Label Revenue 541800 554 561439 Copies Revenue

11,119.

79,478.

5,594.

638,785.

12 232009 12-10-12

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

548,188.

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)										
	Check if Schedule O contains a response to any question in this Part IX  Contains a response to any question in this Part IX  (A) (B) (C) (D)									
_	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22									
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									
5	Compensation of current officers, directors,	71 772								
	trustees, and key employees	71,773.			<u> </u>					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	51,945.								
7	Other salaries and wages	31,343.								
8	Pension plan accruals and contributions (include	3 435								
_	section 401(k) and 403(b) employer contributions)	3,435.								
9	Other employee benefits	11,645.	<del></del>	· · · · · · · · · · · · · · · · · · ·						
10 11	Payroll taxes Fees for services (non-employees)	11,013.								
	Management									
b	Legal	11,400.								
C	Accounting	5,500.	<del>.</del>	<del>                                     </del>	<del></del> -					
d	Lobbying	60,547.								
e	Professional fundraising services See Part IV, line 17	•								
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,									
_	column (A) amount, list line 11g expenses on Sch O)	45,800.								
12	Advertising and promotion		****							
13	Office expenses	67,798.								
14	Information technology	7,158.								
15	Royalties				<del></del>					
16	Occupancy	14,714.	·							
17	Travel	43,995.								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	176 420								
19	Conferences, conventions, and meetings	176,438.	<del>-</del>							
20	Interest									
21	Payments to affiliates	7,982.								
22	Depreciation, depletion, and amortization	7,302.	<del></del>							
23	Insurance Other expenses Itemize expenses not covered		······································							
24	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 O)									
а	Other Taxes	6,647.								
Ь	SIG Other Expenses	6,134.		<u> </u>						
c	Other Expense	2,615.								
d										
_	All other expenses	606 025								
25	Total functional expenses Add lines 1 through 24e	606,935.	<del></del>							
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)		<del></del>	<u> </u>	F 000 (0040)					

Part X	Balance Sheet				
	Check if Schedule O contains a response to any	question in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		63,340.	1	93,750. 9,454.
2	Savings and temporary cash investments	11,907.	2	9,454.	
3	Pledges and grants receivable, net		3		
4	Accounts receivable, net		4		
5	Loans and other receivables from current and fo				
İ	trustees, key employees, and highest compensa	ted employees. Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualif	led persons (as defined under			
	section 4958(f)(1)), persons described in section	1			
	employers and sponsoring organizations of secti				
	employees' beneficiary organizations (see instr)			6	
Assets 7	Notes and loans receivable, net	•		7	
2 8	Inventories for sale or use		• • • • • • • • • • • • • • • • • • • •	8	
9	Prepaid expenses and deferred charges		14,551.	9	10,123
10a		<b> </b>			ammenta ar miras como
	basis. Complete Part VI of Schedule D	10a 294,281			
1	Less: accumulated depreciation	10b 233,006		10c	61,275
11	Investments - publicly traded securities		. 69,257. 204,132.	11	61,275 228,338
12	Investments - other securities See Part IV, line 1	1		12	· ·
13	Investments · program-related See Part IV, line 1			13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equa	363,187.	16	402,940	
17	Accounts payable and accrued expenses		17	721.	
18	Grants payable		18		
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
1	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	<del> </del>
22	Loans and other payables to current and former				
21 22	key employees, highest compensated employee				
ž	Complete Part II of Schedule L	-, and anademica parame		22	
23	Secured mortgages and notes payable to unrela	ted third parties	5,911.	23	
24	Unsecured notes and loans payable to unrelated			24	
25	Other liabilities (including federal income tax, pay		-		
	parties, and other liabilities not included on lines			li	
İ	Schedule D	,, _ ,, _ ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	795.	25	795
26	Total liabilities. Add lines 17 through 25		6,706.	26	1,516
	Organizations that follow SFAS 117 (ASC 958)	, check here ▶ and			***************************************
۸ ا	complete lines 27 through 29, and lines 33 and				
27	Unrestricted net assets			27	
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
5	Organizations that do not follow SFAS 117 (A	SC 958), check here	1411		THE TOTAL PROPERTY OF THE PARTY
	and complete lines 30 through 34.				
3 30	Capital stock or trust principal, or current funds		356,481.	30	401,424
31	Paid-in or capital surplus, or land, building, or eq	uipment fund	0.	31	0.
27 28 29 30 31 32	Retained earnings, endowment, accumulated inc	•	0.		0.
33	Total net assets or fund balances	Johnson Grande relied	356,481.		401,424.
34	Total liabilities and net assets/fund balances		363,187.		402,940.
1 34	Total natinities and net assets/fully balances		1 200/2071		Form <b>990</b> (2)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	1990 (2012) Washington, Inc.	91-003	33934	Pag	<u>ge 12</u>
Pa	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		8,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6 <b>,</b> 9	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,4	
5	Net unrealized gains (losses) on investments	5	1	3,0	<u>93.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7		_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	40	1,4	<u>24.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				ᆜ
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash Cash Corual X Other Mod. Ca	sh			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	; O			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ie basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			.,
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			.,
	Act and OMB Circular A-133?		3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ıred audıt			

#### 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

Inspection

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.

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.

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 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.			
Nam		l Therapy Associ	lation of	Emple	oyer identification number
	Washing	ton, Inc.			91-6035954
Pa	ert I-A Complete if the org	ganization is exempt und	der section 501(c	or is a section 527 or	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities	in Part IV ▶\$	
Pa	rt I-B Complete if the org	anization is exempt und	der section 501(c	)(3).	
1	Enter the amount of any excise tax			▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	) for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				1/0)
Pa	ert I-C Complete if the org	ganization is exempt und	der section 501(c		
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for	section 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO		
	line 17b			<b>▶</b> \$	
	Did the filing organization file Form				Yes No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were propolitical action committee (PAC). If	ation listed, enter the amount pa omptly and directly delivered to	aid from the filing organ a separate political or	ization's funds. Also enter th ganization, such as a separa	e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2012

Physical Therapy Association of

Schedule C (Form 990 or 990-EZ) 2012 Wash	ington,	Inc.		91-6	5035954 Page 2
Part II-A Complete if the organizat	ion is exe	mpt under sectio	n 501(c)(3) and file		
(election under section 50					
A Check ► ☐ if the filing organization belo	ngs to an aff	iliated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of exc	ess lobbying	expenditures).			
B Check ▶ if the filing organization che	cked box A a	nd "limited control" pro	ovisions apply.		
Limits on Lo (The term "expenditures"			)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence po	iblic opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence a					<del>                                     </del>
<b>=</b>		dy (direct lobbying)		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>
d Other exempt purpose expenditures	110 10)				
e Total exempt purpose expenditures (add li	nee 1c and 1	d)			<del></del>
f Lobbying nontaxable amount. Enter the an		•	h columns		<del></del>
If the amount on line 1e, column (a) or (b) is:		bying nontaxable am			· · · · · · · · · · · · · · · · · · ·
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000	-				
Over \$1,500,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.			
Over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.			
Over \$17,000,000	ψ1,000	,000.			
a Grassroots postavable amount (enter 25%	of line 1f)				<del>                                     </del>
h Subtract line 1g from line 1a. If zero or less	pots nontaxable amount (enter 25% of line 1f)				
i Subtract line 1f from line 1c. If zero or less					-
j If there is an amount other than zero on eit		line 11 did the organiz	ation file Form 4720	· · · · ·	
reporting section 4911 tax for this year?	HEI IIII HII HII OI	inte 11, did the organiz	ation file Form 4720		Yes No
reporting section 43 (1 tax for this year)	4-Year Av	eraging Period Under	Section 501(h)		
(Some organizations t				lete all of the five	
columns t	elow. See th	ne instructions for line	es 2a through 2f on pa	ge 4.)	
Lo	bbying Expe	nditures During 4-Ye	ar Averaging Period		
				-	
Calendar year (or fiscal year beginning in)	) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
(or fiscal year beginning in)					
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))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Washington, Inc. 91-603595

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)).

	zerr 163, 163poriso to lines ra timough in below, provide in rail ra detailed description	a through 11 below, provide in Part IV a detailed description		(6)	
it the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	-			<del></del>
•	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		]		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
9	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				
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				
С	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?		ſ		
Par	Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)(	5), or se	ction	
	33.(4),4	•		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
_	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	. NO, On	· · · · · ·		
1	Dues, assessments and similar amounts from members		1	331	.,384.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).			100	200
	Current year		2a		2,209.
	Carryover from last year		2b		740.
C	Total		2c		531.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	90	,101.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5	7226	632.

## 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.

2012 Open to Public Inspection

Name of the organization

Physical Therapy Association of

Employer identification number 91-6035954

	wasnington, inc.		91-6035954
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
3	are the organization's property, subject to the organization's	_	Yes No
	Did the organization inform all grantees, donors, and donor a	_	
6			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	Yes No
Par	mpermissible private benefit?  Il Conservation Easements. Complete if the organization.	accidation accurated "Van" to Form 000. Part	<del></del>
	<del></del>		TV, III 0 7.
1	Purpose(s) of conservation easements held by the organizat		taally tanaarina i laad araa
	Preservation of land for public use (e.g., recreation or e	· ( <del></del> )	•
	Protection of natural habitat	Preservation of a certified	a nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	a conservation 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
С	Number of conservation easements on a certified historic str	- •	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, re	eleased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(	
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	Till Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

4 Describe in Part XIII the intended uses of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	he organization's endowment	<u>funds.</u>		
Part VI Land, Buildings, and Equip	ment. See Form 990, Part X	, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,765.		40,765
<b>b</b> Buildings		132,314.	117,033.	15,281
c Leasehold improvements				
d Equipment		121,202.	115,973.	5,229
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See  (a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or on	d-of-year market value
	(b) Book value	(c) Method of V	aiuation, Cost or elle	Joi year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				<del></del>
(C)		-		
(D)			·	<del></del>
(E)		<del></del>		
<u>(F)</u>	······································			
(G)			<del></del>	
(H)	· · · · · ·			
(I)			· · · · · · · · · · · · · · · · · · ·	
Total (Col (b) must equal Form 990, Part X, col (B) line 12 ) ► Part VIII Investments - Program Related. Se	- Corre 000 Dord V	line 12		·
(a) Description of investment type	<b>(b)</b> Book value		aluation Cost or en	d-of-year market value
· · · · · · · · · · · · · · · · · · ·	(b) Book value	(6) 111011100 01 1	4,041,011, 000, 0, 011	
(1)				
(2)				
(3)				<del> </del>
(4)				
(5) (6)				
(7)				·-
=		·····	<del></del>	<del></del>
(8)				· · · · ·
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)		****		
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)			<u> </u>	
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15 )		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, I			<del></del>	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Rent deposit		795.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			1	
			J	
(8) (9)				
(8)				

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Schedule	D (Form	990)	2012

#### SCHEDULE O (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.

2012
Open to Public inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Physical Therapy Association of Washington, Inc.

Employer identification number 91-6035954

Form 990, Part I, Line 1, Description of Organization Mission:
accountability, representation and excellence.
Form 990, Part VI, Section A, line 6: The organization is made up of
members.
Form 990, Part VI, Section A, line 7a: The members elect the governing
body.
Form 990, Part VI, Section A, line 7b: All decisions made by the governing
body are subject to the approval of the members.
Form 990, Part VI, Section B, line 11: The tax return is reviewed by the
signer prior to filing the tax return.
Form 990, Part VI, Section B, Line 12c: Conflicts of interest are reviewed
at the beginning of each quarterly board of directors meeting.
Form 990, Part VI, Section B, Line 15a: The Executive Director salary
increase each year is based on inflation and budget constraints. The Board
makes the final decision on pay increases for the Executive Director.
Form 990, Part VI, Section C, Line 19: Available upon demand through Guidestar. Bylaws are available on the organization's website.