

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

| <u> </u>                       | or the                  | = 2012 calendar year, or tax year beginning $$ JUL $$ $$ 1 $$ $$ $$ 2012 $$ $$ and ending               | <u>JUN 30, 2013</u>                                          |
|--------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Во                             | heck if                 | C Name of organization                                                                                  | D Employer identification number                             |
|                                |                         | WASHINGTON STATE PATROL                                                                                 | 1                                                            |
|                                | Addre<br>chang          | TROOPERS ASSOCIATION                                                                                    |                                                              |
|                                | Name<br>chang           | Doing Business As                                                                                       | 91-1125594                                                   |
|                                | ]initial<br>_return     | Number and street (or P.O. box if mail is not delivered to street address) Room/s                       |                                                              |
|                                | Termir                  | 200 UNION AVE. 200                                                                                      | 360-704-7530                                                 |
|                                | Amen                    | ded O'A Assessment of the same of 71D and                                                               | G Gross receipts \$ 1,876,473.                               |
|                                | Applic                  |                                                                                                         | H(a) Is this a group return                                  |
|                                | pendir                  |                                                                                                         | for affiliates? Yes X No                                     |
|                                |                         | · · · · · · · · · · · · · · · · · · ·                                                                   | 01 H(b) Are all affiliates included? Yes No                  |
|                                | `av av                  |                                                                                                         | <b>— 1</b>                                                   |
|                                |                         |                                                                                                         |                                                              |
|                                |                         | te: ► http://www.wspta.org organization: X Corporation Trust Association Other ► Ly                     | H(c) Group exemption number                                  |
|                                | orm or<br>I <b>rt I</b> |                                                                                                         | <u>'ear of formation: 1984 M State of legal domicile: WA</u> |
| Г                              |                         | Summary                                                                                                 |                                                              |
| 9                              |                         | Briefly describe the organization's mission or most significant activities. Collecti                    | ve bargaining for                                            |
| Governance                     |                         | members                                                                                                 |                                                              |
| e.u                            |                         | Check this box 🕨 📖 if the organization discontinued its operations or disposed of n                     | nore than 25% of its net assets.                             |
| Š.                             | 3                       | Number of voting members of the governing body (Part VI, line 1a)                                       | 3 0                                                          |
| ox ∣                           | 4                       | Number of independent voting members of the governing body (Part VI, line 1b)                           | 4 0                                                          |
| Se                             | 5                       | Total number of individuals employed in calendar year 2012 (Part V, line 2a)                            | 5 21                                                         |
| Activities &                   |                         | Total number of volunteers (estimate if necessary)                                                      | 6 0                                                          |
| È                              |                         | Total unrelated business revenue from Part VIII, column (C), line-12                                    | 7a 514,658.                                                  |
| ĕ                              |                         | Net unrelated business taxable income from Form 9907-Iiine,34 IVFD                                      |                                                              |
| _                              | , D                     | Net difference business taxable income from Form 93037-mile,34 1 17 1. 12                               | ** - **                                                      |
|                                |                         | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)              | Prior Year Current Year                                      |
| e                              |                         | Contributions and grants (Part VIII, line 1h) (6) NUV 12 2013                                           | 1,333,120. 1,354,240.                                        |
| Revenue                        |                         | Program service revenue (Part VIII, line 2g)                                                            | 0. 0.                                                        |
| 3e                             | 10                      | Investment income (Part VIII, column (A), lines 3,44, and 7d)                                           | 7,958. 7,575.                                                |
| _                              | 11                      | Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c 10c and 11e)                                   | 406,879. 514,658.                                            |
|                                |                         | Total revenue - add lines 8 through 11 (must equal-Part-VIII, column (A), line 12)                      | 1,747,957. 1,876,473.                                        |
|                                | 13                      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                        | 51,319. 46,715.                                              |
|                                |                         | Benefits paid to or for members (Part IX, column (A), line 4)                                           | 73,308. 95,551.                                              |
| G                              |                         | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                       | 362,044. 347,764.                                            |
| Expenses                       |                         | Professional fundraising fees (Part IX, column (A), line 11e)                                           | 0. 0.                                                        |
| per                            |                         | Total fundraising expenses (Part IX, column (D), line 25) 776, 765.                                     | <u> </u>                                                     |
| EX                             |                         |                                                                                                         | 1 246 910 1 571 242                                          |
|                                |                         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                            | 1,346,810. 1,571,343.                                        |
|                                |                         | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                               | 1,833,481. 2,061,373.                                        |
| _ s                            | 19                      | Revenue less expenses. Subtract line 18 from line 12                                                    | <85,524.> <184,900.                                          |
| Net Assets or<br>Fund Balances |                         |                                                                                                         | Beginning of Current Year End of Year                        |
| 326                            | 20                      | Total assets (Part X, line 16)                                                                          | 1,162,399. 977,499.                                          |
| id A                           | 21                      | Total liabilities (Part X, line 26)                                                                     | 0. 0.                                                        |
|                                |                         | Net assets or fund balances. Subtract line 21 from line 20                                              | 1,162,399. 977,499.                                          |
| Pa                             | ırt II                  | Signature Block                                                                                         |                                                              |
| Unde                           | er pena                 | Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta  | atements, and to the best of my knowledge and belief, it is  |
| true,                          | correc                  | t, and complete. Declaration of preparer (other than officer) is based on all information of which prep | parer has any knowledge.                                     |
|                                |                         | mo                                                                                                      | 11/4/12                                                      |
| Sigr                           | ,                       | Signature of officer                                                                                    | Date                                                         |
| Her                            |                         | Major Bambino, Treasurer                                                                                |                                                              |
|                                |                         | Type or print name and title                                                                            |                                                              |
|                                |                         |                                                                                                         | Date Check PTIN                                              |
| Paid                           |                         | Print/Type preparer's name  Preparer's suggestive                                                       | ,   ,                                                        |
|                                |                         | Paul M. Fruci Vull Have PM                                                                              | - / /S   Sell-employed   F U U I U U J J 4                   |
|                                | arer                    | Frm's name Fruci & Associates                                                                           | Firm's EIN ▶ 20-8571624                                      |
| use                            | Only                    | Firm's address ▶ P.O. Box 2163                                                                          | ,                                                            |
|                                |                         | Spokane, WA 99210-2163                                                                                  | Phone no. (509)624-9223                                      |
| May                            | the II                  | RS discuss this return with the preparer shown above? (see instructions)                                | X Yes No                                                     |
| 2320                           | 01 12-1                 | 0-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.                             | Form <b>990</b> (2012)                                       |
|                                |                         | •                                                                                                       | , ,                                                          |

# WASHINGTON STATE PATROL

|       |                                               | ASSOCIATION                             | 91-112                                 | 13394 Page 2                          |
|-------|-----------------------------------------------|-----------------------------------------|----------------------------------------|---------------------------------------|
| Pal   | t III Statement of Program Service            | •                                       |                                        |                                       |
|       | Check if Schedule O contains a respo          | nse to any question in this Part III    |                                        |                                       |
| 1     | Briefly describe the organization's mission.  |                                         |                                        |                                       |
|       | Collective bargaining                         | for members                             |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               | <del></del>                             |                                        |                                       |
|       |                                               |                                         | ·                                      |                                       |
| 2     | Did the organization undertake any significa  | nt program services during the year whi | ch were not listed on                  |                                       |
|       | the prior Form 990 or 990-EZ?                 |                                         |                                        | Yes X No                              |
|       | If "Yes," describe these new services on Sc   | hedule O                                |                                        |                                       |
| 3     | Did the organization cease conducting, or m   |                                         | icts, any program services?            | Yes X No                              |
| •     | If "Yes," describe these changes on Schedu    | <u> </u>                                |                                        |                                       |
| 4     | Describe the organization's program service   |                                         | argest program services, as measured b | v aynanyay                            |
| 7     | Section 501(c)(3) and 501(c)(4) organization  | •                                       | · · ·                                  |                                       |
|       | revenue, if any, for each program service rep | - · · · · · · · · · · · · · · · · · · · | and anocations to others, the total    | oxpenses, and                         |
| 40    |                                               | 24,875. including grants of \$          | 46 715 \ (0                            |                                       |
| 4a    | The objective of the A                        | ggogiation is to not                    | Totiato 5 administor                   |                                       |
|       |                                               |                                         |                                        |                                       |
|       | collective bargaining                         |                                         |                                        |                                       |
|       | work for the bettermen                        | t of working conditi                    | lons of members.                       |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
| 4b    | (Code) (Expenses \$                           | including grants of \$                  | \ /Pavanua *                           | 1                                     |
| 40    | (Code) (Expanses 3                            | including grants of \$                  |                                        | /                                     |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        | <del></del>                           |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         | <del></del>                            | <del></del>                           |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
| 4c    | (Code) (Expenses \$                           | including grants of \$                  | ) (Revenue \$                          | <u> </u>                              |
|       | , (,                                          |                                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     | /                                     |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         | <del></del>                            |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        | ·                                     |
|       |                                               |                                         |                                        |                                       |
|       |                                               |                                         |                                        |                                       |
| 4d    | Other program services (Describe in Schedu    | ( O elk                                 | <del></del>                            |                                       |
|       | (Expenses \$ inc                              | luding grants of \$                     | ) (Revenue \$                          | )                                     |
| 4e    | Total program service expenses ▶              | 1,124,875.                              |                                        |                                       |
|       |                                               |                                         |                                        | Form <b>990</b> (2012)                |
| 23200 | 2<br>-12                                      |                                         |                                        | · · · · · · · · · · · · · · · · · · · |

|     | 990 (2012) TROOPERS ASSOCIATION 91-112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u> 25594</u> | P            | <u>age 3</u>   |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|----------------|
| Pa  | t 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)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1             |              |                |
|     | 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             |              | X              |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection in | ot            |              |                |
|     | during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | . 4           | <u> </u>     |                |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |              |                |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5             | ļ            | X              |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |              |                |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 6           |              | X              |
| 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             | <u> </u>     | 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             | ļ            | X              |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | i             |              |                |
|     | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t             |              |                |
|     | 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,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |              | ŀ              |
|     | 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           |              | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |              | :              |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11c           | <u> </u>     | X              |
| d   | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |              | 1              |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11d           |              | X              |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11e           | ļ .          | X              |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |              |                |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11f           |              | X              |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |              |                |
|     | Schedule D, Parts XI and XII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12a           |              | X              |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |              | <u></u>        |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12b           | ļ            | X              |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ıı)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13            | ļ            | X              |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 14a           | <u> </u>     | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |              |                |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1.5           | į            | v              |
| 16  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 40            |              | v              |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 16            | <del> </del> | X              |
| 17  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 47            |              | х              |
| 10  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 17            | <del> </del> | <del>  ^</del> |
| 18  | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18            |              | x              |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10            | <u> </u>     | <del></del>    |
|     | complete Schedule G, Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 19            |              | X              |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20a           |              | X              |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |              |                |

Form **990** (2012)

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

Form-990 (2012)' TROOPERS ASSOCIATION

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                                                                            |      |              |                  |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                      | 21   | X            |                  |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,                                                                     |      |              |                  |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                               | 22   | X            |                  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                                                                       |      |              |                  |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                                                                   |      |              |                  |
|     | Schedule J                                                                                                                                                                                       | 23   |              | Х                |
| 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                |
| b   | 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                                                                             |      |              |                  |
|     | any tax-exempt bonds?                                                                                                                                                                            | 24c  |              |                  |
| đ   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                          | 24d  |              |                  |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a                                                                               |      |              |                  |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                                       | 25a  |              |                  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                                                       |      |              |                  |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                                                                            |      |              |                  |
|     | Schedule L, Part I                                                                                                                                                                               | 25b  |              |                  |
| 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                                                                              |      |              |                  |
|     | 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):                                                                                                                      |      |              |                  |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                          | 28a_ |              | X                |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                       | 28b  |              | <u> </u>         |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,                                                                  |      |              | 37               |
| 29  | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c  |              | _ <del>X</del> _ |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                      | 29   |              | <u> X</u>        |
| 30  | contributions? If "Yes," complete Schedule M                                                                                                                                                     | 00   |              | v                |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?                                                                                                                     | 30_  |              | <u> </u>         |
| ٠.  | If "Yes," complete Schedule N, Part I                                                                                                                                                            | 31   |              | X                |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                                                                                 | 31   |              | <u> </u>         |
| -   | Schedule N, Part II                                                                                                                                                                              | 32   |              | X                |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                       | - 52 |              |                  |
|     | 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, Part II, III, or IV, and                                                                        |      | -            |                  |
|     | Part V, line 1                                                                                                                                                                                   | 34   | x            |                  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                          | 35a  |              | Х                |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                                                                        |      |              |                  |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                                          | 35b  |              |                  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                                       |      |              |                  |
|     | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                    | 36   |              |                  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                 |      |              |                  |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                     | 37   |              | _X_              |
| 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   | X            |                  |
|     |                                                                                                                                                                                                  | Form | <b>990</b> ( | 2012)            |

|     | 990 (2012) TROOPERS ASSOCIATION 91-112                                                                                                         | 5594           | Р        | age 5     |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|-----------|
| Par |                                                                                                                                                | -              |          |           |
|     | 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                                                                    | 1              |          |           |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                | 이              | ı        |           |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                             | 7              |          | ]         |
|     | (gambling) winnings to prize winners?                                                                                                          | 1c             | X        |           |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                    | ''             |          |           |
|     |                                                                                                                                                | 1              |          |           |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                 | 2 <sub>b</sub> | ı        | x         |
| -   | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                      | 20             |          |           |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                  | 3a             | х        |           |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                               |                | X        |           |
| _   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                      | 3b             | Α_       |           |
| 70  | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                               |                |          | x         |
| b   | If "Yes," enter the name of the foreign country:                                                                                               | 4a             |          |           |
| U   |                                                                                                                                                | ·              |          | ŀ         |
| E   | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                 | _              |          | v         |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                          | 5a             |          | X         |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                               | 5b             |          | X         |
| C   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                             | 5c             |          |           |
| ба  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                    |                |          |           |
|     | any contributions that were not tax deductible as charitable contributions?                                                                    | 6a             |          | X         |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                           |                |          |           |
| _   | were not tax deductible?                                                                                                                       | 6b             |          |           |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                  |                |          |           |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor | ? <u>7a</u>    |          | X         |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                | 7b             |          |           |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                              |                |          |           |
|     | to file Form 8282?                                                                                                                             | 7c             |          | X_        |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                              | _              |          |           |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                | 7e             |          |           |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                   | 71             |          |           |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?               | 7g             |          |           |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'             | 7h             |          |           |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting                    |                |          |           |
|     | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?      | 8              |          |           |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                      |                |          |           |
| а   | Did the organization make any taxable distributions under section 4966?                                                                        | 9a             |          |           |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                         | 9b             |          |           |
| 10  | Section 501(c)(7) organizations. Enter.                                                                                                        |                |          |           |
| а   | Initiation fees and capital contributions included on Part VIII, line 12                                                                       |                |          | :         |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                                |                |          |           |
| 11  | Section 501(c)(12) organizations. Enter:                                                                                                       |                |          |           |
| а   | Gross income from members or shareholders                                                                                                      |                |          |           |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against                                                       |                |          |           |
|     | amounts due or received from them.)                                                                                                            |                |          |           |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                     | 12a            |          | İ         |
|     | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b                                                      |                |          |           |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                               | 7              |          | 1         |
|     | Is the organization licensed to issue qualified health plans in more than one state?                                                           | 13a            |          | <u> </u>  |
| _   | Note. See the instructions for additional information the organization must report on Schedule O.                                              |                | <u> </u> |           |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the                                               |                |          |           |
| _   | organization is licensed to issue qualified health plans                                                                                       |                |          | ]         |
| С   | Enter the amount of reserves on hand                                                                                                           | ┪              |          |           |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                     | 14a            | <u> </u> | Х         |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                      | 14b            | <u> </u> | <b></b> - |
|     |                                                                                                                                                | , , ,          |          |           |

TROOPERS ASSOCIATION

Page 6 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 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 1b0                                              |         |          |    |
| 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       |          | х  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |          | Х  |
| 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  |
| -   | 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      |          | х  |
| 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  |
| 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      | Х        |    |
| 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       |          | х  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue 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 chapters, affiliates,          |         |          |    |
|     | 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 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  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     |          |    |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |          |    |
|     | in Schedule O how this was done                                                                                                     | 12c     |          |    |
| 13  | Did the organization have a written whistleblower policy?                                                                           | 13      |          | X  |
| 14  | Did the organization have a written document retention and destruction policy?                                                      | 14      |          | X  |
| 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?                                   |         |          |    |
| а   | The organization's CEO, Executive Director, or top management official                                                              | 15a     | X        |    |
| b   | Other officers or key employees of the organization                                                                                 | 15b     | Х        |    |
|     | 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 arrangement 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 its participation        |         | ŀ        |    |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         |          | 1  |
|     | exempt status with respect to such arrangements?                                                                                    | 16b     | <u> </u> |    |
| Sec | tion C. Disclosure                                                                                                                  |         |          |    |
| 17  | List the states with which a copy of this Form 990 is required to be filed ► None                                                   |         |          |    |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)      | availab | le       |    |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                                 |         |          |    |
|     | X Own website Another's website Don request Other (explain in Schedule O)                                                           |         |          |    |
| 19  | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an     | d finar | ncial    |    |
|     | statements available to the public during the tax year.                                                                             |         |          |    |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza            | tion: 🕨 | <b>-</b> |    |
|     | Major Bambino - 5098690088                                                                                                          |         |          |    |
|     | 9603 E North Rim Lane, Spokane, WA 99217                                                                                            |         |          |    |

232008 12-10-12

# TROOPERS ASSOCIATION 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

| (A)<br>Name and Title                | (B) Average hours per week                                           | box, ur<br>officer             |          | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |              |                                                  | h an           | (D) Reportable compensation from       | (E) Reportable compensation from related | (F) Estimated amount of other                                            |
|--------------------------------------|----------------------------------------------------------------------|--------------------------------|----------|--------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------|----------------|----------------------------------------|------------------------------------------|--------------------------------------------------------------------------|
|                                      | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director |          |                                                                                                        | Key employee | Highest compensated employee                     | Former         | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Anderson, Derek                  | 10.00                                                                | x                              |          |                                                                                                        |              |                                                  |                | 11 204                                 |                                          | •                                                                        |
| Director                             | 10.00                                                                | ^                              | -        |                                                                                                        |              | <u> </u>                                         |                | 11,384.                                | 0.                                       | 0.                                                                       |
| (2) Berends, John<br>Director        | 10.00                                                                | X                              |          |                                                                                                        |              |                                                  |                | 11,384.                                | 0.                                       | 0.                                                                       |
| (3) Cheek, Mike                      | 10.00                                                                | Λ                              |          |                                                                                                        |              | -                                                |                | 11,304.                                | <u>U•</u>                                |                                                                          |
| Director                             | 10.00                                                                | X                              |          |                                                                                                        |              | ŀ                                                |                | 11,384.                                | 0.                                       | 0.                                                                       |
| (4) Mark Crandall                    | 10.00                                                                |                                |          |                                                                                                        |              |                                                  |                | 11,301.                                |                                          |                                                                          |
| Director                             | 10.00                                                                | Х                              |          |                                                                                                        |              |                                                  |                | 11,384.                                | 0.                                       | 0.                                                                       |
| (5) Patrick Ditter                   | 10.00                                                                |                                |          |                                                                                                        | _            |                                                  |                | 22/0011                                |                                          | •                                                                        |
| Director (Former)                    |                                                                      | х                              |          |                                                                                                        |              |                                                  |                | 1,208.                                 | 0.                                       | 0.                                                                       |
| (6) Charles Gardiner                 | 10.00                                                                |                                |          |                                                                                                        |              |                                                  |                |                                        |                                          |                                                                          |
| Director                             |                                                                      | Х                              |          |                                                                                                        |              |                                                  |                | 11,384.                                | 0.                                       | 0.                                                                       |
| (7) Rodney Green                     | 10.00                                                                |                                |          |                                                                                                        |              |                                                  |                |                                        |                                          |                                                                          |
| Director (Former)                    |                                                                      | X                              |          |                                                                                                        |              |                                                  |                | 2,161.                                 | 0.                                       | 0.                                                                       |
| (8) Jeffrey Sevigney                 | 10.00                                                                |                                |          |                                                                                                        |              |                                                  |                |                                        |                                          |                                                                          |
| Director                             |                                                                      | X                              |          |                                                                                                        |              |                                                  |                | 11,384.                                | 0.                                       | 0.                                                                       |
| (9) Spike Unruh                      | 10.00                                                                |                                |          |                                                                                                        |              |                                                  |                |                                        |                                          |                                                                          |
| Director                             |                                                                      | X                              |          |                                                                                                        |              |                                                  | _              | 11,384.                                | 0.                                       | 0.                                                                       |
| (10) Devyn Derrick                   | 10.00                                                                |                                |          |                                                                                                        |              |                                                  |                |                                        | _                                        | _                                                                        |
| Director                             | 40.00                                                                | X                              |          |                                                                                                        |              | ├                                                | _              | 8,271.                                 | 0.                                       | 0.                                                                       |
| (11) Bryan DuCommun                  | 10.00                                                                | l                              |          |                                                                                                        |              |                                                  |                | 40.450                                 |                                          | _                                                                        |
| Director                             | 10 00                                                                | X                              | _        |                                                                                                        |              | ļ                                                | _              | 10,653.                                | 0.                                       | 0.                                                                       |
| (12) Gabriel Fletcher                | 10.00                                                                | ,,                             |          |                                                                                                        |              |                                                  |                | 0.500                                  | •                                        | •                                                                        |
| Director                             | 10.00                                                                | X                              |          |                                                                                                        |              | -                                                | -              | 9,500.                                 | 0.                                       | 0.                                                                       |
| (13) Kenyon Wiley                    | 10.00                                                                | x                              |          |                                                                                                        |              |                                                  |                | 9,592.                                 |                                          | •                                                                        |
| Director                             | 15.00                                                                | ^                              |          |                                                                                                        |              |                                                  |                | 9,394.                                 | 0.                                       | 0.                                                                       |
| (14) Bambino, Major                  | 13.00                                                                |                                |          | x                                                                                                      |              |                                                  |                | 17,788.                                | 0.                                       | 0.                                                                       |
| Secretary/Treasurer (15) Tom Pillow  | 40.00                                                                | $\vdash$                       | <b>-</b> | 7.7                                                                                                    |              | <del>                                     </del> | <del>  -</del> | 17,700.                                | 0.                                       | <u> </u>                                                                 |
| President                            | 10.00                                                                | 1                              |          | x                                                                                                      |              |                                                  |                | 21,345.                                | 0.                                       | 0.                                                                       |
| (16) Mark Soper                      | 10.00                                                                | <b></b>                        |          |                                                                                                        |              | <u> </u>                                         |                | 21/030                                 | 0,                                       | •                                                                        |
| Vice President                       |                                                                      | 1                              |          | x                                                                                                      |              |                                                  |                | 17,788.                                | 0.                                       | 0.                                                                       |
| (17) Washington State Patrol-reimbur | 1.00                                                                 |                                |          |                                                                                                        |              | 1                                                |                |                                        |                                          |                                                                          |
| Reimbursement                        |                                                                      |                                |          |                                                                                                        |              |                                                  |                | 94,671.                                | 0.                                       | 0.                                                                       |

232007 12-10-12

|     | WASHINGTO r 990 (2012) TROOPERS t VIII Section A Officers, Directors, Trus                                                                      | ASSOCIA                                                                          | \T]                      | 101   | 1                          |       |                    |                     |                                                                                      | 91-11                                                                               | <u> 1255</u>                                | 94            | Pag                                                                     | <sub>е</sub> 8 |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------|-------|----------------------------|-------|--------------------|---------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------|---------------|-------------------------------------------------------------------------|----------------|
| rai | t VII   Section A. Officers, Directors, Trus (A) Name and title                                                                                 | (B) Average hours per week (list any hours for related organizations below line) | tee or director op oc op | not c | (C<br>Pos<br>heck<br>ss pe | ition | than is both       | one<br>n an<br>tee) | mpensated Employe (D)  Reportable compensation from the organization (W-2/1099-MISC) | es (continued)  (E)  Reportable compensatio from related organization (W-2/1099-MIS | ortable ensation related izations (99-MISC) |               | nated<br>int of<br>ner<br>nsation<br>the<br>ization<br>elated<br>zation | on<br>n        |
|     |                                                                                                                                                 |                                                                                  |                          |       |                            | ×     | Ξw                 | F                   |                                                                                      |                                                                                     |                                             |               |                                                                         |                |
|     |                                                                                                                                                 |                                                                                  |                          |       |                            |       |                    |                     |                                                                                      |                                                                                     |                                             |               |                                                                         |                |
|     |                                                                                                                                                 |                                                                                  |                          |       |                            |       | -                  |                     |                                                                                      |                                                                                     | -                                           |               |                                                                         |                |
|     |                                                                                                                                                 |                                                                                  |                          |       |                            |       | ļ                  |                     |                                                                                      |                                                                                     | _                                           |               |                                                                         |                |
|     |                                                                                                                                                 |                                                                                  |                          |       |                            |       |                    |                     |                                                                                      |                                                                                     |                                             |               |                                                                         |                |
|     |                                                                                                                                                 |                                                                                  |                          |       | -                          |       | <u> </u>           |                     |                                                                                      |                                                                                     |                                             |               |                                                                         |                |
|     |                                                                                                                                                 |                                                                                  |                          |       |                            |       |                    |                     |                                                                                      |                                                                                     |                                             |               |                                                                         |                |
|     |                                                                                                                                                 |                                                                                  |                          |       |                            | }     |                    |                     |                                                                                      |                                                                                     |                                             |               |                                                                         |                |
| С   | Sub-total  Total from continuation sheets to Part V                                                                                             | II, Section A                                                                    |                          |       |                            |       | <b>&gt; &gt; -</b> |                     | 272,665.<br>0.<br>272,665.                                                           |                                                                                     | 0.                                          |               |                                                                         | 0.<br>0.       |
| 2   | Total (add lines 1b and 1c)  Total number of individuals (including but in compensation from the organization                                   | not limited to th                                                                | 1056                     | liste | ed a                       | bov   | e) wl              | no re               |                                                                                      |                                                                                     |                                             |               |                                                                         | 0.             |
| 3   | Did the organization list any former officer<br>line 1a? If "Yes," complete Schedule J for s<br>For any individual listed on line 1a, is the si | such individual                                                                  |                          |       |                            |       |                    |                     |                                                                                      |                                                                                     |                                             | 3             |                                                                         | No<br>X        |
| 5   | and related organizations greater than \$15 Did any person listed on line 1a receive or                                                         |                                                                                  |                          |       |                            |       |                    |                     | •                                                                                    | ridual for services                                                                 | ,  -                                        | 4             | _                                                                       | <u>X</u>       |
| Sec | rendered to the organization? If "Yes," conction B. Independent Contractors                                                                     | nplete Schedul                                                                   | e J 1                    | or s  | uch                        | per   | son                |                     |                                                                                      |                                                                                     |                                             | 5             |                                                                         | <u>X</u>       |
| 1   | Complete this table for your five highest co                                                                                                    | · ·                                                                              |                          |       |                            |       |                    |                     |                                                                                      |                                                                                     | npensat                                     | ion from      | n                                                                       | •              |
|     | (A)<br>Name and business                                                                                                                        |                                                                                  |                          | INC   |                            |       |                    |                     | (B)<br>Description of                                                                |                                                                                     | Со                                          | (C)<br>mpensa | ation                                                                   |                |
|     |                                                                                                                                                 |                                                                                  |                          |       |                            |       |                    |                     |                                                                                      |                                                                                     |                                             |               |                                                                         |                |
|     | <u> </u>                                                                                                                                        |                                                                                  |                          |       |                            |       |                    |                     |                                                                                      |                                                                                     |                                             |               |                                                                         |                |
|     |                                                                                                                                                 |                                                                                  |                          | _     |                            |       |                    | _                   |                                                                                      |                                                                                     |                                             |               |                                                                         |                |
|     |                                                                                                                                                 |                                                                                  | <u> </u>                 |       |                            |       |                    |                     |                                                                                      |                                                                                     |                                             |               |                                                                         |                |

Form **990** (2012)

Total number of independent contractors (including but not limited to those listed above) who received more than

TROOPERS ASSOCIATION

| Total revenue Related or example function business studied business revenue 2 to 1 a Federated campagns 1 b Membership dues 1 b 959,345. 1 to 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | . •    | Check if Schedule O cont                           |                | to any question i | n this Part VIII  |                            |                                       |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|----------------------------------------------------|----------------|-------------------|-------------------|----------------------------|---------------------------------------|----------------------------------|
| b Membership dues c Fundamising events d Related organizations f All other contributions; bit, graits, and similar amounts of unded above small amounts of unded above g Receive overbetures evided in less 1-11  2 a  Business Code  Puril 1 394,895.  Business Code  1 All other program service revenue f All other service revenue f All other program service revenue f All other service revenue f All o |                         |        |                                                    |                | lo uny quodition  | (A)               | Related or exempt function | Unrelated business                    | from tax under                   |
| Business Code    2 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , Grants<br>mounts      | b      | Membership dues                                    | 1b             | 959,345.          |                   |                            |                                       |                                  |
| Business Code    2 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ons, Gifts<br>Similar A | d      | Related organizations Government grants (contribut | tions) 1d      |                   |                   |                            |                                       |                                  |
| Business Code    2 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ontribution<br>of Other | f<br>g | sımılar amounts not ıncluded abo                   | ove 1f         |                   |                   |                            |                                       |                                  |
| 2 a b d d d d d d d d d d d d d d d d d d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>8 8</u>              | h      | Total. Add lines 1a-1f                             |                |                   | <u>1,354,240.</u> |                            |                                       |                                  |
| Total. Add lines 2a.2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royatties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of (i) Securities  a dases to ther than inventory  b Less cost or other basis  and sales expenses  c Gann or (loss)  d Net gan or (loss)  4 Net gan or (loss)  5 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | vice                    | _      |                                                    |                | Business Code     |                   |                            |                                       | <del>.</del> .                   |
| Total. Add lines 2a.2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royatties  (i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 a Gross amount from sales of (i) Securities  a dases to ther than inventory  b Less cost or other basis  and sales expenses  c Gann or (loss)  d Net gan or (loss)  4 Net gan or (loss)  5 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ram Ser<br>Revenue      | С      |                                                    |                |                   |                   |                            |                                       |                                  |
| 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) for assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net rental income or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Rental income or (loss) for the sales and sales expenses c Gain or (loss) d Net gain or (loss) b Less: direct expenses c Rental income or (loss) from fundraising events for contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities for Net income or (loss) from gaming activities for Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code for All other revenue c Total. Add lines 11a-11d for Affective for the first and business code a All other revenue c Total. Add lines 11a-11d for Affective for the first and business code for All other revenue c Total. Add lines 11a-11d for Affective for the first and business code for All other revenue c Total. Add lines 11a-11d for Affective for the first and business code for All other revenue c Total. Add lines 11a-11d for Affective for the first and business code for All other revenue c Total. Add lines 11a-11d for Affective for Affec | Prog                    | e<br>f |                                                    | enue           |                   |                   |                            |                                       |                                  |
| other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  Royalties  G a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) c Sasets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Regain or (loss) d Regain or (loss) d S a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |        |                                                    | duudanda intar |                   |                   |                            |                                       |                                  |
| (i) Real (ii) Personal b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Sassets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net ain or (loss) d |                         |        | other similar amounts)                             |                | ▶                 | 7,575.            |                            |                                       | 7,575.                           |
| 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  11 a Magazine Advertising b C All other revenue e Total. Add lines 11a-11d  514,658.  1,876,473.  0,514,658.  7,575.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         | 5      | Royalties                                          |                | <b></b>           |                   |                            |                                       |                                  |
| b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) b A Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue  11 a Magazine Advertising b C All other revenue e Total. Add lines 11a-11d  12 Total revenue, See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |        |                                                    | (ı) Real       | (II) Personal     |                   |                            |                                       |                                  |
| C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         | 6 a    | Gross rents .                                      |                |                   |                   |                            |                                       |                                  |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                       | -      | •                                                  |                |                   |                   |                            |                                       |                                  |
| 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from garning activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from garning activities. See Part IV, line 19 a b Less: cost of goods sold c Net income or (loss) from sales of inventory    Miscellaneous Revenue   Business Code     11 a   Magazine Advertising   S41800   S14,658.     12   Total revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ĺ                       |        |                                                    |                |                   |                   |                            |                                       |                                  |
| assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |        |                                                    |                | <b>D</b>          |                   |                            |                                       |                                  |
| b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         | 7 a    |                                                    | (i) Securities | (II) Other        |                   |                            |                                       |                                  |
| and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |        | •                                                  |                | <del> </del>      |                   |                            |                                       |                                  |
| C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ]                       | D      |                                                    |                |                   |                   |                            |                                       |                                  |
| d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         | _      | ·                                                  |                |                   |                   |                            |                                       |                                  |
| 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |        |                                                    |                |                   |                   |                            |                                       |                                  |
| 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 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Magazine Advertising b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | une                     |        | Gross income from fundraisin                       |                |                   |                   |                            |                                       |                                  |
| 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 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Magazine Advertising b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | er Reve                 |        |                                                    | · _            |                   |                   |                            |                                       |                                  |
| 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 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Magazine Advertising b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 듄                       |        | · ·                                                |                |                   |                   |                            |                                       |                                  |
| 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 c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Magazine Advertising b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  b Less: cost of goods sold b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  514,658.  514,658.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                       |        |                                                    | _              | <b>&gt;</b>       |                   |                            | · · · · · · · · · · · · · · · · · · · |                                  |
| c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a Magazine Advertising b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |        | Part IV, line 19                                   | а              |                   |                   |                            |                                       |                                  |
| 10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Magazine Advertising b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |        |                                                    |                |                   |                   |                            |                                       |                                  |
| and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Magazine Advertising b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  a d d d d d d d d d d d d d d d d d d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |        |                                                    |                |                   |                   |                            |                                       |                                  |
| b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a Magazine Advertising b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions.  b Less: cost of goods sold c Net income or (loss) from sales of inventory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | 10 a   | •                                                  |                |                   |                   |                            |                                       |                                  |
| Miscellaneous Revenue   Business Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |        | Less: cost of goods sold                           | b              |                   |                   |                            |                                       |                                  |
| b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |        |                                                    |                | Business Code     |                   |                            | -                                     |                                  |
| c       d All other revenue         e Total. Add lines 11a-11d       ► 514,658.         12 Total revenue. See instructions.       ► 1,876,473.       0.514,658.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | 11 a   | Magazine Advert                                    | ising          | 541800            | 514,658.          |                            | 514,658.                              |                                  |
| d All other revenue  e Total. Add lines 11a-11d  ▶ 514,658.  12 Total revenue. See instructions.  ▶ 1,876,473.  0.514,658.  7,575.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         | b      |                                                    |                |                   |                   |                            |                                       |                                  |
| e Total. Add lines 11a-11d  ▶ 514,658.  12 Total revenue. See instructions.  ▶ 1,876,473.  0.514,658.  7,575.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         | С      |                                                    |                |                   |                   |                            |                                       |                                  |
| 12 Total revenue. See instructions. ▶ 1,876,473. 0. 514,658. 7,575.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         | d      |                                                    |                |                   |                   |                            |                                       |                                  |
| 12   Iotal revenue. See instructions.   1,8/6,4/3.   U.   514,658.   7,575.   232009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |        |                                                    | •              | <b>&gt;</b>       |                   |                            | F14 C50                               |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 232000                  |        | rotal revenue. See instructions.                   |                | <b>&gt;</b>       | 1,8/0,4/3.        | U • l                      | 514,658.                              | 7,575.<br>Form <b>990</b> (2012) |

Form: 990 (2012) TROOPERS ASSOCIATION

Part IX | Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp                                                                                                                                                 |                |                                    | omplete column (A).             |                                                   |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------|---------------------------------|---------------------------------------------------|
|       | Check if Schedule O contains a respon                                                                                                                                                              | (A)            | (B)                                | (C)                             | (D)                                               |
|       | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                                                                                                         | Total expenses | (B)<br>Program service<br>expenses | Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses             |
| 1     | Grants and other assistance to governments and                                                                                                                                                     |                |                                    |                                 |                                                   |
|       | organizations in the United States. See Part IV, line 21                                                                                                                                           | 29,015.        | <u>29,015.</u>                     |                                 |                                                   |
| 2     | Grants and other assistance to individuals in                                                                                                                                                      |                |                                    |                                 |                                                   |
|       | the United States. See Part IV, line 22                                                                                                                                                            | 17,700.        | 17,700.                            |                                 |                                                   |
| 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                                                                                                                                                                    | 95,551.        | 95,551.                            |                                 |                                                   |
| 5     | Compensation of current officers, directors,                                                                                                                                                       |                |                                    |                                 |                                                   |
| ·     | trustees, and key employees                                                                                                                                                                        | 277,991.       | 221,070.                           | 56,921.                         |                                                   |
| 6     | Compensation not included above, to disqualified                                                                                                                                                   | 4777311        | 221/0/01                           | 30/3221                         |                                                   |
| O     | persons (as defined under section 4958(f)(1)) and                                                                                                                                                  |                |                                    |                                 |                                                   |
|       | . , , , , , , , , , , , , , , , , , , ,                                                                                                                                                            |                |                                    |                                 |                                                   |
| _     | persons described in section 4958(c)(3)(B)                                                                                                                                                         | 30 402         |                                    | 26 402                          | 12 000                                            |
| 7     | Other salaries and wages                                                                                                                                                                           | 39,492.        |                                    | 26,492.                         | 13,000.                                           |
| 8     | Pension plan accruals and contributions (include                                                                                                                                                   | İ              |                                    |                                 |                                                   |
|       | section 401(k) and 403(b) employer contributions)                                                                                                                                                  |                |                                    |                                 |                                                   |
| 9     | Other employee benefits                                                                                                                                                                            |                |                                    |                                 |                                                   |
| 10    | Payroll taxes .                                                                                                                                                                                    | 30,281.        | 20,926.                            | 8,094.                          | 1,261.                                            |
| 11    | Fees for services (non-employees):                                                                                                                                                                 |                |                                    |                                 |                                                   |
| а     | Management                                                                                                                                                                                         |                |                                    |                                 |                                                   |
| b     | Legal                                                                                                                                                                                              | 303,031.       | 303,031.                           |                                 |                                                   |
| c     | Accounting                                                                                                                                                                                         | 21,598.        |                                    | 21,598.                         |                                                   |
| d     | Lobbying                                                                                                                                                                                           | 78,502.        | 78,502.                            |                                 |                                                   |
| е     | Professional fundraising services. See Part IV, line 17                                                                                                                                            |                |                                    |                                 |                                                   |
| f     | Investment management fees                                                                                                                                                                         |                |                                    |                                 |                                                   |
| g     | Other. (If line 11g amount exceeds 10% of line 25,                                                                                                                                                 |                |                                    |                                 |                                                   |
| J     | column (A) amount, list line 11g expenses on Sch O.)                                                                                                                                               |                |                                    |                                 |                                                   |
| 12    | Advertising and promotion                                                                                                                                                                          |                |                                    |                                 |                                                   |
| 13    | Office expenses                                                                                                                                                                                    | 47,826.        | 33,850.                            | 13,976.                         | _ <del></del>                                     |
| 14    | Information technology                                                                                                                                                                             | 6,200.         | 6,200.                             | 20/2/01                         |                                                   |
| 15    | Royalties                                                                                                                                                                                          | 0,2001         | 0/2000                             |                                 |                                                   |
| 16    | Occupancy                                                                                                                                                                                          | 6,900.         |                                    | 6,900.                          |                                                   |
| 17    | Travel                                                                                                                                                                                             | 0,500.         |                                    | 0,500.                          |                                                   |
|       | •                                                                                                                                                                                                  |                | <del></del>                        |                                 |                                                   |
| 18    | Payments of travel or entertainment expenses                                                                                                                                                       |                |                                    |                                 |                                                   |
| 40    | for any federal, state, or local public officials                                                                                                                                                  | 100 420        | 100 /20                            |                                 |                                                   |
| 19    | Conferences, conventions, and meetings                                                                                                                                                             | 188,439.       | 188,439.                           |                                 |                                                   |
| 20    | Interest                                                                                                                                                                                           |                |                                    |                                 |                                                   |
| 21    | Payments to affiliates                                                                                                                                                                             | <u> </u>       | 42 800                             | 05 550                          | · <del>· · · · · · · · · · · · · · · · · · </del> |
| 22    | Depreciation, depletion, and amortization                                                                                                                                                          | 69,460.        | 43,708.                            | 25,752.                         |                                                   |
| 23    | Insurance                                                                                                                                                                                          | 10,735.        | 10,735.                            |                                 |                                                   |
| 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                                                                                                                                                                                 | 40,528.        |                                    |                                 | 40,528                                            |
| b     | Magazine Expenses                                                                                                                                                                                  | 391,842.       |                                    |                                 | 391,842                                           |
| c     | Call Center                                                                                                                                                                                        | 325,396.       |                                    |                                 | 325,396                                           |
| q     | Member PAC Contribution                                                                                                                                                                            | 67,780.        | 67,780.                            |                                 | 0.20,000                                          |
| -     | • " "                                                                                                                                                                                              | 13,106.        | 8,368.                             |                                 | 4,738                                             |
| 25    | Total functional expenses. Add lines 1 through 24e                                                                                                                                                 | 2,061,373.     | 1,124,875.                         | 159,733.                        | 776,765                                           |
| 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)                                                                                                                                                     |                |                                    |                                 |                                                   |
|       | 0. 12-10-13                                                                                                                                                                                        |                | <del></del>                        | <del></del>                     | Form <b>990</b> (2012)                            |

Form 990 (2012)

Port V | Polonge Shor

| art X | Balance Sheet                                                                     |                                       |                                       |                                       |
|-------|-----------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
|       | Check if Schedule O contains a response to any question in this Part X            |                                       | · · · · · · · · · · · · · · · · · · · |                                       |
|       |                                                                                   | (A)<br>Beginning of year              |                                       | (B)<br>End of year                    |
| 1     | Cash · non-interest-bearing                                                       | 228,210.                              | 1                                     | 98,697                                |
| 2     | Savings and temporary cash investments                                            | 715,797.                              | 2                                     | 686,047                               |
| 3     | Pledges and grants receivable, net                                                |                                       | 3                                     |                                       |
| 4     | Accounts receivable, net                                                          |                                       | 4                                     |                                       |
| 5     | Loans and other receivables from current and former officers, directors,          |                                       |                                       |                                       |
|       | trustees, key employees, and highest compensated employees. Complete              |                                       |                                       |                                       |
|       | Part II of Schedule L                                                             | 60.                                   | 5                                     | 0                                     |
| 6     | Loans and other receivables from other disqualified persons (as defined under     |                                       |                                       |                                       |
|       | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing |                                       | İ                                     |                                       |
| 1     | employers and sponsoring organizations of section 501(c)(9) voluntary             |                                       |                                       |                                       |
|       | employees' beneficiary organizations (see instr). Complete Part II of Sch L       |                                       | 6                                     |                                       |
| 7     | Notes and loans receivable, net                                                   |                                       | 7                                     |                                       |
| 7     | Inventories for sale or use                                                       | ·                                     | 8                                     |                                       |
| 9     | Prepaid expenses and deferred charges                                             |                                       | 9                                     |                                       |
|       | Land, buildings, and equipment: cost or other                                     |                                       |                                       |                                       |
|       | basis. Complete Part VI of Schedule D 10a 108,807.                                |                                       |                                       |                                       |
| Ь     | Less: accumulated depreciation 10b 52,933.                                        | 88,785.                               | 10c                                   | 55,874                                |
| 11    | Investments - publicly traded securities                                          | 129,547.                              | 11                                    | 136,881                               |
| 12    | Investments - other securities. See Part IV, line 11                              | 125/5471                              | 12                                    | 130,001                               |
| 13    | Investments - program-related. See Part IV, line 11                               | · · · · · · · · · · · · · · · · · · · | 13                                    |                                       |
| 14    | Intangible assets                                                                 |                                       | 14                                    |                                       |
| 15    | Other assets. See Part IV, line 11                                                | 0.                                    | 15                                    | Ó                                     |
| 16    | Total assets. Add lines 1 through 15 (must equal line 34)                         | 1,162,399.                            | 16                                    | 977,499                               |
| 17    | Accounts payable and accrued expenses                                             | 2/102/099                             | 17                                    | 3111 = 33                             |
| 18    | Grants payable                                                                    |                                       | 18                                    |                                       |
| 19    | Deferred revenue                                                                  |                                       | 19                                    |                                       |
| 20    | Tax-exempt bond liabilities                                                       |                                       | 20                                    |                                       |
| 21    | Escrow or custodial account liability. Complete Part IV of Schedule D             |                                       | 21                                    | ·                                     |
| 22    | Loans and other payables to current and former officers, directors, trustees,     |                                       | 21                                    |                                       |
|       | key employees, highest compensated employees, and disqualified persons.           |                                       |                                       |                                       |
|       | Complete Part II of Schedule L                                                    |                                       |                                       |                                       |
| 23    | Secured mortgages and notes payable to unrelated third parties                    |                                       | 22                                    |                                       |
| 24    | Unsecured notes and loans payable to unrelated third parties                      |                                       | 23                                    |                                       |
| 25    | Other liabilities (including federal income tax, payables to related third        | <u></u>                               | 24                                    | . <del> </del>                        |
| 20    | parties, and other liabilities not included on lines 17-24). Complete Part X of   |                                       |                                       |                                       |
|       | Schedule D                                                                        |                                       | 25                                    | •                                     |
| 26    | Total liabilities. Add lines 17 through 25                                        | 0.                                    | 26                                    | . 0                                   |
| 120   | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and                  | U•                                    | 20                                    | <u> </u>                              |
|       | complete lines 27 through 29, and lines 33 and 34.                                |                                       |                                       |                                       |
| 27    | Unrestricted net assets                                                           | 1,162,399.                            | 27                                    | 977,499                               |
| 28    | Temporarily restricted net assets                                                 | 1,102,333.                            | 28                                    | 311,433                               |
| 29    | Permanently restricted net assets                                                 |                                       |                                       | · · · · · · · · · · · · · · · · · · · |
| 23    | Organizations that do not follow SFAS 117 (ASC 958), check here                   |                                       | 29                                    | <del></del>                           |
|       | and complete lines 30 through 34.                                                 |                                       |                                       |                                       |
| 30    | Capital stock or trust principal, or current funds                                | •                                     | 20                                    |                                       |
| 31    | Paid-in or capital surplus, or land, building, or equipment fund                  |                                       | 30                                    |                                       |
| 32    | Retained earnings, endowment, accumulated income, or other funds                  |                                       | 31                                    |                                       |
|       | _ ·                                                                               | 1,162,399.                            | 32                                    | 077 400                               |
| 33    | Total liabilities and not assets /fund belances                                   | 1,162,399.                            | 33                                    | 977,499                               |
| 34    | Total liabilities and net assets/fund balances                                    | 1,104,333.                            | 34                                    | 977,499<br>Form <b>990</b> (201       |

|    | 1 TROOP BRD ADDOCTATION                                                                                            | <u> </u>   | :33 <u>74</u> | Pag    | <u> 8 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          | 1,87          | 6,47   | 73.          |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                           | 2          | 2,06          | 1,37   | 73.          |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                                 | 3          | <18           | 4,90   | 00.>         |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4          | 1,16          | 2,39   | 99.          |
| 5  | Net unrealized gains (losses) on investments                                                                       | 5          |               |        |              |
| 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         | 97            | 7,49   | 99.          |
| 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     | O.         |               |        |              |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |            | 2a            |        | X            |
|    | 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:                                                                       |            |               |        |              |
|    | 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 separa     | te basis.  |               |        |              |
|    | consolidated basis, or both:                                                                                       | •          |               |        |              |
|    | Separate basis Consolidated basis Both consolidated and separate basis                                             |            | l             |        |              |
| C  | 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            | İ      |              |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  | edule O.   |               |        |              |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si |            |               |        |              |
|    | Act and OMB Circular A-133?                                                                                        | <b>J</b>   | 3a            |        | Х            |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | ired audit |               |        |              |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |            | 3ь            |        |              |
|    |                                                                                                                    | ·          |               | 990 (2 | 2012)        |

## 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

2012

Open to Public Inspection

OMB No 1545-0047

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.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| <ul> <li>Section 501(c)(4), (5), or (6) organiz</li> </ul>                                                                              | ations: Complete Part III                                                                        |                                                            | , ,                                                                 | ,,                                                                                                                                          |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
|                                                                                                                                         | GTON STATE PATRO                                                                                 | L                                                          | Empl                                                                | oyer identification number                                                                                                                  |  |  |  |  |  |  |  |  |  |
| TROOPE                                                                                                                                  | TROOPERS ASSOCIATION  A Complete if the organization is exempt under section 501(c) or is a sect |                                                            |                                                                     |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| Part I-A Complete if the or                                                                                                             | rganization is exempt ur                                                                         | nder section 501(c) o                                      | r is a section 527 o                                                | rganization.                                                                                                                                |  |  |  |  |  |  |  |  |  |
| <ul><li>1 Provide a description of the organ</li><li>2 Political expenditures</li><li>3 Volunteer hours</li></ul>                       | nization's direct and indirect poli                                                              | tical campaign activities in                               |                                                                     | 67,780.<br>0.                                                                                                                               |  |  |  |  |  |  |  |  |  |
| Part I-B Complete if the or                                                                                                             | rganization is exempt ur                                                                         | nder section 501(c)(3                                      | <u>,                                      </u>                      |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| 1 Enter the amount of any excise ta                                                                                                     |                                                                                                  |                                                            | <u>&gt;</u>                                                         |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| 2 Enter the amount of any excise ta                                                                                                     |                                                                                                  |                                                            | <b>▶</b> \$                                                         |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| 3 If the organization incurred a secti                                                                                                  | • •                                                                                              | •                                                          | , ,                                                                 | Yes No                                                                                                                                      |  |  |  |  |  |  |  |  |  |
| 4a Was a correction made?                                                                                                               | ,                                                                                                | ,                                                          |                                                                     | Yes No                                                                                                                                      |  |  |  |  |  |  |  |  |  |
| b If "Yes," describe in Part IV.                                                                                                        |                                                                                                  |                                                            |                                                                     |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| Part I-C Complete if the or                                                                                                             | rganization is exempt ur                                                                         | nder section 501(c), o                                     | except section 501(                                                 | c)(3).                                                                                                                                      |  |  |  |  |  |  |  |  |  |
| 1 Enter the amount directly expende                                                                                                     | ed by the filing organization for                                                                | section 527 exempt function                                | on activities > \$                                                  |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| 2 Enter the amount of the filing orga                                                                                                   | anization's funds contributed to                                                                 | other organizations for sec                                | tion 527                                                            |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| exempt function activities                                                                                                              |                                                                                                  |                                                            | . ▶\$                                                               |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| 3 Total exempt function expenditure                                                                                                     | es. Add lines 1 and 2. Enter here                                                                | and on Form 1120-POL,                                      |                                                                     |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| line 17b                                                                                                                                |                                                                                                  |                                                            | <b>▶</b> \$                                                         |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| 4 Did the filing organization file Form                                                                                                 | n 1120-POL for this year?                                                                        |                                                            |                                                                     | Yes No                                                                                                                                      |  |  |  |  |  |  |  |  |  |
| 5 Enter the names, addresses and emade payments. For each organize contributions received that were political action committee (PAC). I | zation listed, enter the amount poromptly and directly delivered t                               | oald from the filing organizate a separate political organ | tion's funds. Also enter th<br>nization, such as a separa           | ne 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 |  |  |  |  |  |  |  |  |  |
| Washinton State                                                                                                                         | Olympia, WA                                                                                      |                                                            |                                                                     |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
| Troopers PAC                                                                                                                            | 98501-1322                                                                                       | 20-3203631                                                 | 0.                                                                  | 67,780.                                                                                                                                     |  |  |  |  |  |  |  |  |  |
|                                                                                                                                         |                                                                                                  |                                                            |                                                                     |                                                                                                                                             |  |  |  |  |  |  |  |  |  |
|                                                                                                                                         |                                                                                                  |                                                            |                                                                     |                                                                                                                                             |  |  |  |  |  |  |  |  |  |

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

See Part IV for Continuation

| Schedule C (Form 990 or 990 EZ) 2012           | TROOP:       | <u>ERS AS</u>  | SOCIATION                          |                                                                   | 91-1                                   | L125594 Page 2                                   |
|------------------------------------------------|--------------|----------------|------------------------------------|-------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|
| Part II-A Complete if the org                  |              |                | npt under sectio                   | n 501(c)(3) and file                                              | ed Form 5768                           |                                                  |
| (election under sec                            | tion 501     | (h)).          |                                    |                                                                   |                                        | <del></del>                                      |
| A Check 🕨 📖 if the filing organiza             | tion beloni  | gs to an affil | liated group (and list in          | n Part IV each affiliated                                         | group member's nar                     | ne, address, EIN,                                |
| expenses, and shar                             | e of exces   | s lobbying (   | expenditures).                     |                                                                   |                                        |                                                  |
| B Check 🕨 📖 if the filing organiza             | tion check   | ed box A ar    | nd "limited control" pro           | ovisions apply.                                                   |                                        | <del></del>                                      |
|                                                |              | oying Exper    | nditures<br>ints paid or incurred. | 1                                                                 | (a) Filing<br>organization's<br>totals | (b) Affiliated group totals                      |
|                                                |              |                |                                    |                                                                   |                                        |                                                  |
| 1a Total lobbying expenditures to influ        | ieuce bnp    | lic opinion (  | grass roots lobbying)              | ļ                                                                 |                                        | <del></del>                                      |
| b Total lobbying expenditures to influence     | ieuce a le   | gislative boo  | ly (dırect lobbying)               | <u> </u>                                                          |                                        |                                                  |
| c Total lobbying expenditures (add li          | nes 1a an    | d 1b)          |                                    |                                                                   |                                        |                                                  |
| d Other exempt purpose expenditure             | ∍s           |                |                                    | <u> </u>                                                          |                                        |                                                  |
| e Total exempt purpose expenditure             | s (add line  | s 1c and 1d    | )                                  |                                                                   |                                        |                                                  |
| f Lobbying nontaxable amount. Ente             | er the amo   | unt 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         | 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% o    | f line 1f)     |                                    |                                                                   |                                        |                                                  |
| h Subtract line 1g from line 1a. If zero       | o or less, e | enter -0-      |                                    |                                                                   |                                        | <u> </u>                                         |
| i Subtract line 1f from line 1c. If zero       | or less, e   | nter -0-       |                                    |                                                                   |                                        | <u> </u>                                         |
| j If there is an amount other than ze          | ro on eithe  | er line 1h or  | line 1i, did the organiz           | ation file Form 4720                                              |                                        |                                                  |
| reporting section 4911 tax for this            | year?        |                |                                    |                                                                   |                                        | Yes No                                           |
| , ,                                            |              | at made a s    | • •                                | Section 501(h)<br>n do not have to comp<br>es 2a through 2f on pa |                                        |                                                  |
|                                                | Lobi         | ying Exper     | nditures During 4-Yea              | ar Averaging Period                                               |                                        |                                                  |
| Calendar year<br>(or fiscal year beginning in) | (a)          | 2009           | <b>(b)</b> 2010                    | (c) 2011                                                          | ( <b>d</b> ) 2012                      | (e) Total                                        |
| 2a Lobbying nontaxable amount                  |              |                |                                    |                                                                   |                                        |                                                  |
| b Lobbying ceiling amount                      |              |                |                                    |                                                                   |                                        |                                                  |
| (150% of line 2a, column(e))                   |              |                |                                    |                                                                   |                                        | 1                                                |
| c Total lobbying expenditures                  |              |                |                                    |                                                                   |                                        |                                                  |
| d Grassroots nontaxable amount                 |              |                |                                    |                                                                   |                                        |                                                  |
| e Grassroots ceiling amount                    |              |                |                                    |                                                                   |                                        | <del>                                     </del> |
| (150% of line 2d, column (e))                  |              |                |                                    |                                                                   |                                        |                                                  |
| Graceroots labburg expenditures                | _            |                |                                    |                                                                   |                                        |                                                  |

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990 EZ) 2012 TROOPERS ASSOCIATION 91-1125594 Page 3

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)                                                                      | (t                      | <u>)</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|-------------------------|----------|
| f the lobbying activity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                                        | No                                                                      | Amo                     | ount     |
| During the year, did the filing organization attempt to influence foreign, national, state or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                         |                         |          |
| local legislation, including any attempt to influence public opinion on a legislative matter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                         |                         |          |
| or referendum, through the use of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                         |                         |          |
| a Volunteers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                         |                         |          |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                         | 1                       |          |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                         | <u> </u>                |          |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                         | 1                       |          |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                         |                         |          |
| i Other activities?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                         |                         |          |
| j Total. Add lines 1c through 1i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                         | 1                       |          |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                         |                         |          |
| b If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                         |                         |          |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                         |                         |          |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                         |                         |          |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tion 501(c)                                | (5), or s                                                               | ection                  |          |
| 33.10,107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                         | Yes                     | N        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                         | 1 .00                   |          |
| 1 Were substantially all (90% or more) dues received pondeductible by members?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                         | Y                       |          |
| 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            | 1                                                                       | X                       | -        |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | (5), or so                                                              | ection                  | <u> </u> |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), sections.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | (5), or so                                                              | ection                  | <u> </u> |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par                                       | ection                  | <u> </u> |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par                                       | ection                  | <u> </u> |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>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 answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par                                       | ection                  | <u> </u> |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par                                       | ection                  | <u> </u> |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  2 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par                                       | ection                  | <u> </u> |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par<br>1<br>2a<br>2b                      | ection                  | <u> </u> |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par<br>1<br>2a<br>2b<br>2c                | ection                  | <u> </u> |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carryover from last year  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par<br>1<br>2a<br>2b<br>2c                | ection                  | <u> </u> |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses for the prior year</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par<br>1<br>2a<br>2b<br>2c<br>3           | ection                  | 2 X      |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par<br>1<br>2a<br>2b<br>2c                | ection                  | X        |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par<br>1<br>2a<br>2b<br>2c<br>3           | ection                  | 3        |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par<br>1<br>2a<br>2b<br>2c<br>3           | ection<br>rt III-A, lir | ne 3,    |
| <ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d "No," OF                                 | 2<br>3<br>(5), or so<br>R (b) Par<br>1<br>2a<br>2b<br>2c<br>3           | ection<br>rt III-A, lir | ne 3,    |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tical  xcess political  Part II-A (affilia | 2<br>3<br>(5), or se<br>R (b) Par<br>1<br>2a<br>2b<br>2c<br>3<br>4<br>5 | ection<br>rt III-A, lir | ne 3,    |
| 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 answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 1f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1. Also, complete this part for any additional information.  Part I - C Continuation for Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete N | tical  xcess political  Part II-A (affilia | 2<br>3<br>(5), or se<br>R (b) Par<br>1<br>2a<br>2b<br>2c<br>3<br>4<br>5 | ection<br>rt III-A, lir | ne 3,    |
| 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 answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1. Also, complete this part for any additional information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tical  xcess political  Part II-A (affilia | 2<br>3<br>(5), or se<br>R (b) Par<br>1<br>2a<br>2b<br>2c<br>3<br>4<br>5 | ection<br>rt III-A, lir | ne 3,    |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1. Also, complete this part for any additional information.  Part I I-C Continuation for Incomplete Name/Address Instruction State Troopers PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | tical  xcess political  Part II-A (affilia | 2<br>3<br>(5), or se<br>R (b) Par<br>1<br>2a<br>2b<br>2c<br>3<br>4<br>5 | ection<br>rt III-A, lir | ne 3,    |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1. Also, complete this part for any additional information.  Part I-C Continuation for Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/A | tical  xcess political  Part II-A (affilia | 2<br>3<br>(5), or se<br>R (b) Par<br>1<br>2a<br>2b<br>2c<br>3<br>4<br>5 | ection<br>rt III-A, lir | ne 3,    |
| 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 answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 1f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1. Also, complete this part for any additional information.  Part I I-C Continuation for Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/Address Incomplete Name/A | tical  xcess political  Part II-A (affilia | 2<br>3<br>(5), or se<br>R (b) Par<br>1<br>2a<br>2b<br>2c<br>3<br>4<br>5 | ection<br>rt III-A, lir | ne 3,    |

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WASHINGTON STATE PATROL TROOPERS ASSOCIATION

**Employer identification number** 91-1125594

| Par | t I Organizations Maintaining Donor Advise                           |                                                 | r Accounts. Complete if the               |
|-----|----------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|
|     | organization answered "Yes" to Form 990, Part IV, line               | 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                                     |
| •   | are the organization's property, subject to the organization's       | _                                               | Yes No                                    |
| 6   | Did the organization inform all grantees, donors, and donor a        | -                                               | •• — ••• — •••                            |
| •   | for charitable purposes and not for the benefit of the donor of      |                                                 | •                                         |
|     | impermissible private benefit?                                       | , , , , , , , , , , , , , , , , , , ,           | Yes No                                    |
| Par |                                                                      | ganization answered "Yes" to Form 990, Part     |                                           |
| 1   | Purpose(s) of conservation easements held by the organization        |                                                 |                                           |
| -   | Preservation of land for public use (e.g., recreation or e           |                                                 | ically important land area                |
|     | Protection of natural habitat                                        | Preservation of a certified                     |                                           |
|     | Preservation of open space                                           | <del></del>                                     |                                           |
| 2   | Complete lines 2a through 2d if the organization held a qualif       | ied 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                                        |
| c   | Number of conservation easements on a certified historic str         | ucture included in (a)                          | 2c                                        |
| d   |                                                                      | ` '                                             |                                           |
|     | listed in the National Register                                      | ·                                               | 2d                                        |
| 3   | Number of conservation easements modified, transferred, re-          | leased, extinguished, or terminated by the or   | ganization during the tax                 |
|     | year ▶                                                               | •                                               | -                                         |
| 4   | Number of states where property subject to conservation ea           | sement is located                               |                                           |
| 5   | Does the organization have a written policy regarding the per        | riodic monitoring, inspection, handling of      |                                           |
|     | violations, and enforcement of the conservation easements if         | t holds?                                        | Yes No                                    |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting,         | and enforcing conservation easements durin      | ng the year ➤                             |
| 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) above          | e satisfy the requirements of section 170(h)(   | 4)(B)(i)                                  |
|     | and section 170(h)(4)(B)(ii)?                                        |                                                 | Yes No                                    |
| 9   | In Part XIII, describe how the organization reports conservati       | on easements in its revenue and expense sta     | atement, and balance sheet, and           |
|     | include, if applicable, the text of the footnote to the organization | tion's financial statements that describes the  | organization's accounting for             |
|     | conservation easements.                                              |                                                 |                                           |
| Pai | t III Organizations Maintaining Collections o                        | •                                               | er 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 (AS         | SC 958), not to report in its revenue statemen  | at and balance sheet works of art,        |
|     | historical treasures, or other similar assets held for public ext    | nibition, education, or research in furtherance | of public service, provide, in Part XIII, |
|     | the text of the footnote to its financial statements that descri     | bes these items.                                |                                           |
| b   | If the organization elected, as permitted under SFAS 116 (AS         | SC 958), to report in its revenue statement an  | nd balance sheet works of art, historical |
|     | treasures, or other similar assets held for public exhibition, ed    | ducation, 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    | _                                               |                                           |
|     | the following amounts required to be reported under SFAS 1           | 16 (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                                  |                                                 | ► \$<br>► \$                              |

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

Schedule D (Form 990) 2012

# WASHINGTON STATE PATROL

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S ASSOCIAT                           |                    |               |                     |              |                     |                   |                                                  | Page 2        |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------|---------------|---------------------|--------------|---------------------|-------------------|--------------------------------------------------|---------------|
| Par      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                    |               |                     |              |                     |                   |                                                  |               |
| 3        | Using the organization's acquisition, accessi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on, and other record                 | is, chec           | k any of the  | following tha       | t are a sig  | nıfıcant            | use of its        | collection                                       | items         |
|          | (check all that apply).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |                    |               |                     |              |                     |                   |                                                  |               |
| а        | Public exhibition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                                    |                    |               | hange progra        | ams          |                     |                   |                                                  |               |
| b        | Scholarly research                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                    | <b>,</b> $\square$ | Other         |                     | · · · · ·    |                     |                   |                                                  |               |
| ¢        | Preservation for future generations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                    |               |                     |              |                     |                   |                                                  |               |
| 4        | Provide a description of the organization's co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                    |               |                     |              |                     | ose in Par        | t XIII.                                          |               |
| 5        | During the year, did the organization solicit o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r receive donations                  | of art, h          | storical trea | sures, or oth       | er similar a | ıssets              |                   | _                                                |               |
|          | to be sold to raise funds rather than to be ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                    |               |                     |              |                     |                   | Yes                                              | No_           |
| Par      | t IV Escrow and Custodial Arran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | gements. Compl                       | ete if the         | organizatio   | n answered '        | "Yes" to Fe  | orm 990             | , Part IV,        | lıne 9, or                                       |               |
|          | reported an amount on Form 990, Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                    |               |                     |              |                     |                   |                                                  |               |
| 1a       | Is the organization an agent, trustee, custodi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | an or other interme                  | diary for          | contribution  | ns or other as      | sets not in  | rcluded             | _                 | _                                                |               |
|          | on Form 990, Part X?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                    |               |                     |              |                     |                   | ∟ Yes                                            | L No          |
| b        | If "Yes," explain the arrangement in Part XIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and complete the fo                  | ollowing           | table:        |                     |              |                     |                   |                                                  |               |
|          | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                    |               |                     |              |                     |                   | Amount                                           |               |
|          | Beginning balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                    |                    |               |                     |              | 1c                  |                   |                                                  |               |
|          | Additions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                    |               |                     |              | 1d                  | _                 |                                                  |               |
| e        | Distributions during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                    |               |                     |              | 1e                  |                   |                                                  |               |
| f        | Ending balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                    | •             | •                   |              | 1f                  |                   |                                                  |               |
|          | Did the organization include an amount on Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      | 」Yes               | ∐ No          |                     |              |                     |                   |                                                  |               |
| Par      | If "Yes," explain the arrangement in Part XIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                    |               |                     |              |                     |                   |                                                  | Ш             |
| Par      | t V Endowment Funds. Complete it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | 1                  |               |                     |              |                     |                   | <del></del>                                      |               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Current year                     | (b) F              | rior year     | (c) Two year        | rs back (c   | ) Three             | <u>years back</u> | (e) Four                                         | ears back     |
| 1a       | Beginning of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                    |               |                     |              |                     | <u> </u>          | ļ                                                |               |
| b        | Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                    |               |                     |              |                     |                   | ļ                                                |               |
| C        | Net investment earnings, gains, and losses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | <u> </u>           |               |                     |              |                     |                   | ļ                                                |               |
| d        | Grants or scholarships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                    | · · · · · ·   |                     |              |                     |                   | ļ                                                |               |
| е        | Other expenditures for facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                    |               |                     |              |                     |                   |                                                  |               |
|          | and programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                    |               |                     |              |                     |                   | <del>                                     </del> |               |
| f        | Administrative expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      | ļ                  |               |                     |              |                     |                   | ļ                                                |               |
| g        | End of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | <u> </u>           |               |                     |              |                     |                   | L                                                |               |
| 2        | Provide the estimated percentage of the curr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rent year end baland                 |                    | g, column (a  | a)) held as:        |              |                     |                   |                                                  |               |
| a        | Board designated or quasi-endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      | _%                 |               |                     |              |                     |                   |                                                  |               |
|          | Permanent endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | %                                    |                    |               |                     |              |                     |                   |                                                  |               |
| С        | Temporarily restricted endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | %                                    |                    |               |                     |              |                     |                   |                                                  |               |
| _        | The percentages in lines 2a, 2b, and 2c should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a should be a sh |                                      |                    |               |                     |              |                     |                   |                                                  |               |
| За       | Are there endowment funds not in the posse .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ssion of the organiz                 | ation the          | at are held a | ind administe       | red for the  | organi              | zation            | _                                                |               |
|          | by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                    |               |                     |              |                     |                   |                                                  | <u>res No</u> |
|          | (i) unrelated organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                    |                    |               |                     | •            |                     | •                 | 3a(i)                                            |               |
|          | (ii) related organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                    |               |                     |              | •                   | •••               | 3a(ii)                                           | <del></del>   |
| _        | If "Yes" to 3a(ii), are the related organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                    |                    | •             |                     |              |                     | •                 | . 3b                                             |               |
| 4<br>Par | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                    |               |                     |              |                     |                   |                                                  |               |
| rai      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                    |               |                     |              |                     |                   |                                                  |               |
|          | Description of property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (a) Cost or of basis (investigation) |                    | · · ·         | or other<br>(other) |              | umulate<br>eciation |                   | (d) Book                                         | value         |
|          | Lond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dasis (investi                       |                    | Dasis         | (outer)             | debi         | ociatiUH            |                   |                                                  |               |
| 1a       | Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                    |                    |               |                     |              |                     |                   |                                                  |               |
| D        | Buildings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                    |               |                     |              |                     |                   |                                                  |               |
| C        | Leasehold improvements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                    | 1 0           | 8,807.              | ı            | F2 0                | 22                |                                                  | 074           |
| d        | Equipment Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                    | 10            | 0,007.              |              | 52, <u>9</u>        | 23.               |                                                  | ,874.         |
|          | Add lines 1a through 1e. (Column (d) must e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | gual Form 990 Part                   | X colu             | nn (R) line 1 | 10(c) )             |              |                     |                   | 55                                               | .874.         |

Schedule D (Form 990) 2012

| Schedule D (Form 990) 2012 TROOPERS ASS<br>Part VII Investments - Other Securities. See                             |                           | 12                      | 91                    | -1125594 Page 3          |
|---------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|-----------------------|--------------------------|
| (a) Description of security or category (including name of security)                                                | (b) Book value            |                         | aluation: Cost or en  | d-of-year market value   |
| (1) Financial derivatives                                                                                           |                           |                         |                       |                          |
| (2) Closely-held equity interests                                                                                   |                           |                         |                       |                          |
| (3) Other                                                                                                           |                           |                         |                       |                          |
| (A)                                                                                                                 |                           |                         |                       |                          |
| (B)                                                                                                                 |                           |                         |                       |                          |
| (C)                                                                                                                 |                           |                         |                       |                          |
| (D)                                                                                                                 |                           |                         |                       |                          |
| (E)                                                                                                                 |                           |                         |                       |                          |
| (F)                                                                                                                 |                           |                         |                       |                          |
| (G)                                                                                                                 |                           |                         |                       |                          |
|                                                                                                                     |                           |                         |                       |                          |
| ()                                                                                                                  |                           |                         | <i>/</i>              |                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                                                    |                           |                         |                       |                          |
| Part VIII Investments - Program Related. Se                                                                         |                           |                         |                       | <del></del>              |
| (a) Description of investment type                                                                                  | (b) Book value            | (c) Method of v         | aluation. Cost or en  | d-of-year market value   |
| (1)                                                                                                                 | <del></del>               |                         | <del> </del>          |                          |
| (2)                                                                                                                 | <del></del>               |                         |                       |                          |
| (3)                                                                                                                 |                           | <del> </del>            |                       |                          |
| (4)                                                                                                                 |                           |                         |                       |                          |
| (5)                                                                                                                 |                           |                         |                       |                          |
| (6)                                                                                                                 |                           |                         |                       |                          |
|                                                                                                                     |                           |                         |                       |                          |
| (8)                                                                                                                 |                           |                         |                       |                          |
| (9)                                                                                                                 |                           | <del>- </del>           |                       |                          |
| (10)                                                                                                                |                           | <del> </del>            |                       | ·                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 1 |                           | <u> </u>                |                       |                          |
|                                                                                                                     | Description               |                         |                       | (b) Book value           |
| <del></del>                                                                                                         | 2000 PRIOTI               |                         |                       | (b) BOOK VAIDO           |
| (1)                                                                                                                 |                           | ·····                   | <del></del>           |                          |
| (2)                                                                                                                 |                           | <del></del>             |                       |                          |
| (4)                                                                                                                 |                           | <del></del>             |                       |                          |
| (5)                                                                                                                 |                           |                         | _ <del></del>         |                          |
| (6)                                                                                                                 |                           | <u></u>                 |                       |                          |
| (7)                                                                                                                 |                           |                         |                       |                          |
| (8)                                                                                                                 |                           |                         |                       |                          |
| (9)                                                                                                                 |                           |                         |                       |                          |
| (10)                                                                                                                |                           |                         |                       |                          |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line                                                       | 15.)                      |                         |                       |                          |
| Part X Other Liabilities. See Form 990, Part X, III                                                                 |                           | <del></del> .           | _· <i></i>            |                          |
| (a) Description of liability                                                                                        |                           | (b) Book value          |                       |                          |
| (1) Federal income taxes                                                                                            |                           |                         | 1                     |                          |
| (2)                                                                                                                 |                           |                         | 1                     |                          |
| (3)                                                                                                                 |                           |                         | 1                     |                          |
| (4)                                                                                                                 |                           | ····                    | 1                     |                          |
| (5)                                                                                                                 |                           |                         | 1                     |                          |
| (6)                                                                                                                 |                           |                         |                       |                          |
| (7)                                                                                                                 |                           |                         | 1                     |                          |
| (8)                                                                                                                 |                           |                         | 1                     |                          |
| (9)                                                                                                                 |                           |                         |                       |                          |
| (10)                                                                                                                |                           |                         |                       |                          |
| (11)                                                                                                                |                           |                         | ]                     |                          |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line                                                       | 25)                       |                         |                       |                          |
| 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex                                                         | t of the footnote to the  | organization's financia | al statements that re | ports the organization's |
| liability for uncertain tax positions under FIN 48 (ASC 74                                                          | 40). Check here if the te | ext of the footnote has | been provided in Pa   | art XIII                 |

222054

Schedule D (Form 990) 2012

**ջ** Employer identification number 91-1125594 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) : : : : 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, (e) Amount of : assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. : Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. : (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section rf applicable WASHINGTON STATE PATROL TROOPERS ASSOCIATION General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

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

232101 12-18-12

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

WASHINGTON STATE PATROL

Schedule I (Form 990) (2012) 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 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Page 2

91-1125594

|                                                           | ance                                                  |              |  |                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------|-------------------------------------------------------|--------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                           | (f) Description of non-cash assistance                |              |  | ormation.                                                                                                                                                               |  |  |  |
|                                                           | (e) Method of valuation (book, FMV, appraisal, other) |              |  | n (b), and any other additional infe                                                                                                                                    |  |  |  |
|                                                           | (d) Amount of non-<br>cash assistance                 | 0            |  | ine 2, Part III, columr                                                                                                                                                 |  |  |  |
|                                                           | (c) Amount of cash grant                              | 17,000,      |  | required in Part I, I                                                                                                                                                   |  |  |  |
|                                                           | (b) Number of recipients                              | 17           |  | ide the information                                                                                                                                                     |  |  |  |
| rait III car de dupilcateu II additional space is needed. | (a) Type of grant or assistance                       | Scholarships |  | Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. |  |  |  |

232102 12-18-12

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2012

Open to Public Inspection

Name of the organization WASHINGTON STATE PATROL TROOPERS ASSOCIATION

Employer identification number 91 – 1125591

| TROOPERS ASSOCIATION 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.                                                 |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |
|                                                                         |

SCHEDULER (Form 990)

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.

2012 Open to Public Inspection

OMB No 1545-0047

WASHINGTON STATE PATROL TROOPERS ASSOCIATION Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 91-1125594

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

|        | (a) Name, address, and EIN (if applicable) of disregarded entity                                    | (b)<br>Primary activity               | (c) Legal domicile (state or foreign country)                                                               | (d)<br>Total income | (e) End-of-year assets |                           | (f) Direct controlling entity           |
|--------|-----------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------|------------------------|---------------------------|-----------------------------------------|
|        |                                                                                                     |                                       |                                                                                                             |                     |                        |                           |                                         |
|        |                                                                                                     |                                       |                                                                                                             |                     |                        |                           |                                         |
|        |                                                                                                     |                                       |                                                                                                             |                     |                        |                           |                                         |
|        |                                                                                                     |                                       |                                                                                                             |                     |                        |                           |                                         |
| PartII | Identification of Related Tax-Exempt Organizations (Complete if toganizations during the tax year.) | ions (Complete if the organization ai | the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt | Part IV, line 34 be | cause it had one o     | r more related tax-exer   | npt                                     |
|        | (a)<br>Name, address, and EIN                                                                       | (b) Primary activity                  | (c)<br>Legal domicile (state or                                                                             | (d)<br>Exempt Code  | (e) Public charty      | (f)<br>Direct controlling | (g)<br>Section 512(b)(13)<br>controlled |

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

Schedule R (Form 990) 2012

Š

entity?

Direct controlling entrty

status (if section Public charity

Exempt Code section

Legal domicile (state or foreign country)

Name, address, and EIN of related organization

501(c)(3))

×

527

Washington

obbying by Political

Washinton State Troopers PAC - 20-3203631

200 Union Ave SE, Ste 200 Olympia, WA 98501-1322

Action Committee

232181 12-10-12 LHA

WASHINGTON STATE PATROL TROOPERS ASSOCIATION

Schedule R (Form 990) 2012

Part III 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.)

Page.2

91-1125594

| Percentage                                                     |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ore related                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Section 512(b)(13) controlled entity?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Schedule R (Form 990) 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General o<br>managing<br>b partner?                            |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | one or mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (h)<br>ercentage<br>wnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | le R (Forr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Code V-UBI<br>amount in boy<br>20 of Schedul<br>K-1 (Form 1069 |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | because rt had                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Schedu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Disproportion-<br>ate allocations?                             |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | rt IV, line 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ım 990, Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | "Yes" to Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (e)<br>be of entity<br>orp, S corp,<br>or trust)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Share of to<br>income                                          |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n answered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| lant income<br>unrelated,<br>om tax under<br>512-514)          |                                                                                                                                                                     | ,,,,,,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ne organizatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Predomin<br>(related,<br>excluded fr<br>sections               |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | omplete if th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (c) egal domicile (state or foreign country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Direct controlling<br>entity                                   |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | vation or Trust (Co<br>/ear.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| cegal<br>domicile<br>(state or<br>foreign<br>country)          |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | as a Corpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Prim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Primary activity                                               |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | İ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | janizations Taxable<br>poration or trust dun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name, address, and EIN of related organization                 |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part IV Identification of Related Organizations treated as a con-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (a) Name, address, and Elt of related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 232162 12-10-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                | Primary activity domicile controlling Predominant income Share of total Share of controlling (related, unrelated, income end-of-year excluded from tax under assets | Primary activity decision of country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country country c | Primary activity decision of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of controlling of control | Primary activity demolised from the country of the country foreign country)    Continued of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the | Primary activity comes activity activity comes activity activity comes activity activity controlling Predominant income activity (related, unrelated, activity country) activity activities activity activities activity activities activity activities activity activities activity activities activity activities activity activities activity activities activity activities activity activities activity activities activity activities activity activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities activities act | Variet address, and EIN  Primary activity  Grade organization  Primary activity  Grade organization  Primary activity  Grade organizations  Primary activity  Grade organizations  Primary activity  Grade organizations  Primary activity  Grade organization of Related Organizations Taxable as a Corporation or frust (Complete if the organization streated as a corporation or trust during the tax year.)  Primary activity  Grade organization or trust during the tax year.)  Primary activity  Grade organization or trust during the tax year.)  Primary activity  Grade organization or trust during the tax year.)  Primary activity  Grade organization are graded as a corporation or trust during the tax year.) | Address, and EIN  Vermary activity  Verdilated organization  Versilated | Admine address and EIN  Primary activity  country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Country  Countr | Identification of Related Organization  Identification of Related Organization  Identification of Related Organization  Identification of Related Organization  Identification of Related Organization  Identification of Related Organization  Identification of Related Organization  Identification of Related Organization  Identification of Related Organization  Identification of Related Organization  Identification of Related Organization  Identification  Identi | Identification of Related Organization  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, and EIN  Name, address, and EIN  Name, address, and EIN  Name, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, address, and EIN  Name, ad | Annuary activity   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common   Common | Identification of felleted Organization of Teleted Organization of Teleted Organization of Felleted # WASHINGTON STATE PATROL

Schedule R (Form 990) 2012 TROOPERS ASSOCIATION

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

Page-3

91-1125594

Š × × Yes 5 ₽ Ē 두 19 ᅙ ₽ <del>1</del> 9 4 \$ Method of determining amount involved ŧ 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. Durng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Cost 67,780. Amount involved : : Transaction type (a-s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) ĸ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) . .. . : Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid to related organization(s) for expenses . .... Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses. Other transfer of cash or property from related organization(s) Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) : d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) State Troopers PAC Loans or loan guarantees by related organization(s) (a)
Name of other organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) Washinton Ε 3 ම € ত্র 9

Schedule R (Form 990) 2012

25

232163 12-10-12

Q

# WASHINGTON STATE PATROL TROOPERS ASSOCIATION

Schedule R (Form 990) 2012

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.

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ~ ·        | ntage<br>ship                                                                                                              |            |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   | 1        |    |   |       |   |   | Ì |     |   |     | 1             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------|------------|---|---|---|---|--|--|---|---|---|---|---|---|---|--------------|----|---|---|----------|----|---|-------|---|---|---|-----|---|-----|---------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>   | Uspropor Code V-UBI General or Percentage bonate amount in box 20 managing ownership allocations? of Schedule K-1 partner? |            |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     | ĺ             |
| :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3          | neral or<br>maging<br>irtner?                                                                                              | Yes No     |   |   |   | , |  |  |   |   |   |   | - |   |   | <br>F        |    |   |   |          |    |   |       |   |   |   |     |   | _   | ]             |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | 7.50<br>-7.50<br>-7.50                                                                                                     | , (        |   |   |   |   |  |  |   |   |   |   | + |   |   | <br><u> </u> |    |   |   |          |    |   | <br>ļ |   |   |   |     |   |     | $\frac{1}{2}$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :<br>E     |                                                                                                                            | 1065       |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   | ı   |   |     |               |
| '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>   | Code<br>Sount                                                                                                              | (Form      |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     | l             |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _          | is, ar                                                                                                                     | 9          |   |   |   | , |  |  | - |   |   |   | + |   |   | <br>+        |    |   |   | $\vdash$ |    |   | <br>_ |   |   |   |     |   |     | $\frac{1}{2}$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ξ.         | DISPROJ<br>BORZI<br>Allocato                                                                                               | Yes No     |   |   | _ |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     | 1             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (6)<br>(7) | Share of<br>end-of-year                                                                                                    | assets     |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                            | income     |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | 501(c)(3)<br>orgs ?                                                                                                        | S<br>No    |   |   |   |   |  |  |   |   |   |   |   |   |   | L            |    |   |   |          |    |   |       |   |   |   |     |   | -   | 1             |
| ا إ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | - 25 e                                                                                                                     | 4)<br>Ye   |   |   |   |   |  |  |   |   |   |   | ╀ |   |   | -            |    |   |   |          |    |   |       |   |   | _ |     |   |     | $\frac{1}{1}$ |
| the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real policy of the real poli | (D)        | (related, unrelated, 501(c)(3) excluded from tax                                                                           | ion 512-51 |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
| מווופוווי                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Č          | redomii<br>(related,                                                                                                       | nder sect  |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | reign                                                                                                                      |            |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    | _ | <br>  |   |   |   |     |   |     | 1             |
| 3 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u></u>    | Legal domicile<br>(state or foreign                                                                                        | country)   |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -          | Legal domicile<br>(state or foreign                                                                                        | 8          |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | >                                                                                                                          |            |   |   | - |   |  |  |   |   |   |   |   | • |   |              |    |   |   |          |    |   |       |   |   | 1 |     |   |     | 1             |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Ритагу аститу                                                                                                              |            |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   | •     |   |   |   |     |   |     |               |
| 8 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9          | nary a                                                                                                                     |            |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     | l             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C          | Į                                                                                                                          |            |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·          |                                                                                                                            | $\dashv$   | 1 |   |   |   |  |  |   | 1 | Ī | 1 | _ | Т | Т | _            | Ţ- | Т | T | _        | Γ- | Γ |       | ı |   | 4 |     | _ | - 1 | $\frac{1}{2}$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                            |            |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | į          | Z<br>D                                                                                                                     |            |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
| 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | Name, address, and EIN<br>of entity                                                                                        |            |   |   |   |   |  |  |   |   |   |   |   | Ī |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (a)        | address,<br>of entity                                                                                                      |            |   |   |   |   |  |  |   |   |   |   |   |   |   | }            |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | me, a                                                                                                                      |            |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2          | Z<br>Z                                                                                                                     |            |   |   | , |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                            |            |   |   |   |   |  |  |   |   |   |   |   |   |   |              |    |   |   |          |    |   |       |   |   |   |     |   |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                            | I          | ı | ı | ļ | ŀ |  |  |   |   |   |   | l |   |   | l            | 1  | 1 |   |          |    |   |       |   | I |   | - [ |   |     | ١             |

Schedule R (Form 990) 2012

# WASHINGTON STATE PATROL 91-1125594 Page 5 TROOPERS ASSOCIATION Schedule R (Form 990) 2012 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).