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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning MAR 1, 2013 and ending FEB 28, 2014																													
B <input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Thurston County Deputy Sheriff's Association D Employer identification number 23-7439416																											
		E Number and street (or P O box, if mail is not delivered to street address) 2000 Lakeridge Dr SW, Bldg 3 Room/suite																											
		F City or town, state or province, country, and ZIP or foreign postal code Olympia, WA 98502																											
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		H <input type="checkbox"/> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																											
I Website ► N/A																													
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																													
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other																													
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ 105,060.																											
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)																													
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																													
Revenue 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6a, 6b, 7a, and 8	See Schedule O <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>5a</td><td></td></tr> <tr><td>5b</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">5c</td></tr> <tr><td>6a</td><td>of contributions</td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">6d</td></tr> <tr><td>7a</td><td></td></tr> <tr><td>7b</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">7c</td></tr> <tr><td>8</td><td></td></tr> <tr><td colspan="2" style="text-align: center;">9</td></tr> <tr><td colspan="2" style="text-align: center;">105,060.</td></tr> </table>		5a		5b		5c		6a	of contributions	6b		6c		6d		7a		7b		7c		8		9		105,060.		►
	5a																												
	5b																												
	5c																												
	6a	of contributions																											
	6b																												
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				4	207.																								
				5c																									
				6d																									
				7c																									
				8																									
				9																									
Expenses 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16	See Schedule O		►																										
					10																								
					11	4,181.																							
					12																								
					13	26,262.																							
					14	74.																							
					15																								
Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	See Schedule O		►																										
					16	67,195.																							
					17	97,712.																							
					18	7,348.																							
					19	119,138.																							
				20	0.																								
				21	126,486.																								

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

Form 990-EZ (2013)

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	118,364.	22 125,786.
23 Land and buildings	774.	23 700.
24 Other assets (describe in Schedule O)		24
25 Total assets	119,138.	25 126,486.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	119,138.	27 126,486.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? Charitable donations & recreation.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Dues to WACOPS and WSLEA to represent and ensure the vitality of law enforcement and the benefits of its members.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	14,377.
29	Recreational activities for all members and attendees.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	560.
30	Attorney's services retained for benefit of all members.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	26,262.
31	Other program services (describe in Schedule O) See Schedule O		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	50,829.
32	Total program service expenses (add lines 28a through 31a)		► 32 92,028.

Part IV List of Officers, Directors, Trustees, and Key Employees

Check if the organization used Schedule Q to respond to any question in this Part IV.

Thurston County Deputy
Sheriff's Association

Form 990-EZ (2013)

23-7439416

Page 3

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

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

b Did the organization file Form 1120-POL for this year? 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

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

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

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

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a N/A, section 4912 40a N/A, section 4955 40a N/A

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0.

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

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

41 List the states with which a copy of this return is filed 41 WA

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

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

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

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

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

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

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

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
If "Yes," complete Schedule C, Part I

46

X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II Yes No

47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

49a

b If "Yes," was the related organization a section 527 organization? Yes No

49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" Yes No

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 Yes No

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" Yes No

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 Yes No

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

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

Sign
Here

► Signature of officer

► Michael Brooks, President

Type or print name and title

Date

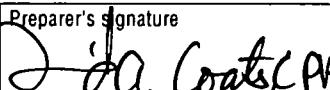
 7/9/14

Paid
Preparer
Use Only

Print/Type preparer's name

David A. Coates, CPA

Preparer's signature



Date

06/30/14

Check if
self-employed

PTIN

P00004144

Firm's name ► Frost & Company, P.S.

Firm's EIN ► 91-1136436

Firm's address ► P O Box 7609

Phone no (360) 786-8080

Olympia, WA 98507-7609

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990-EZ (2013)

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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

Thurston County Deputy
Sheriff's AssociationEmployer identification number
23-7439416Form 990-EZ, Part I, Line 4, Other Investment Income:

<u>Description of Property:</u>	<u>Amount:</u>
Interest Income	207.

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

<u>Description of Expenses:</u>	<u>Amount:</u>
Depreciation	74.

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

<u>Description of Other Expenses:</u>	<u>Amount:</u>
Accounting	925.
Donations and Gifts	285.
Disability Dues	50,829.
Office Supplies	219.
Recreational Expenses	560.
WACops and WSLEA Dues	14,377.
<u>Total to Form 990-EZ, line 16</u>	<u>67,195.</u>

Form 990-EZ, Part III Line 31, Other Program Service Accomplishments:Disability insurance for members.Grants \$ 0. Expenses \$ 50,829.Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,

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

332211
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

Name of the organization

Name of the organization	Thurston County Deputy Sheriff's Association	Employer identification number	23-7439416
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or indirectly, on a personal benefit contract.