SCANNED SEP 0 4 2019

Form 990

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2018

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

**Open to Public** 

		nue Service	Go to www.irs.gov/Form990 for instructions and the in		iation.	inspection				
<u>A</u>	For the	2018 cale	ndar year, or tax year beginning , 2018, and			, 20				
В	Check if	applicable	C Name of organization WASHINGTON STATE PEST CONTROL A	SSOCIAT	ION D Employ	D Employer identification number				
	Address	change	Doing business as			153072				
	Name ch	hange	Number and street (or P O box if mail is not delivered to street address) Ro	oom/suite	E Telepho	ne number				
	Initial ret	turn	4600 VILLAGE CIRCLE SE		(360	709-9309				
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	OLYMPIA, WA 98501-4756		<b>G</b> Gross re	eceipts \$ 101,752.				
$\bar{\cap}$				H(a)		subordinates? Yes No				
_										
_	Tay-ovo	mpt status	TIM BAKER, 4600 VILLAGE CIRCLE SE, OLYMPIA, WA  □ 501(c)(3) Sol(c) ( 6) ◄ (Insert no ) □ 4947(a)(1) or □ 1			list (see instructions)				
<u>:</u>	Website		WW.WSPCA.ORG		) Group exemption					
<del>K</del>				formation	<del></del>	of legal domicile WA				
	art I	Summ		Tormation	1937 M State	or legal domicile WA				
4)	1		escribe the organization's mission or most significant activities			SS AND WELFARE				
ž	L		PEST CONTROL INDUSTRY IN THE STATE OF WASHI							
ra	_		RS & TRAINING ABOUT PEST CONTROL ISSUES, ENV							
Activities & Governance	2		is box ▶☐ if the organization discontinued its operations or dispo	osed of mor	1 1	its net assets.				
Ğ	3		of voting members of the governing body (Part VI, line 1a)		3	4				
భ	4	Number of	of independent voting members of the governing body (Part VI, Iin	ne 1b)	4	3				
ţį	5		nber of individuals employed in calendar year 2018 (Part V, line 2a	a)	5					
Ę	6	Total nun	nber of volunteers (estimate if necessary)		6	11				
Ac	7a	Total unre	elated business revenue from Part VIII, column (C), line 12 .		. 7a	1,410.				
	b	Net unrel	ated business taxable income from Form 990-T, line 38	•	7b	-273.				
_				I	Prior Year	Current Year				
Revenue	8	Contribut	tions and grants (Part VIII, line 1h)	31,984.	30,483.					
	9		service revenue (Part VIII, line 1h) RECEIVED .		69,270.	69,549.				
š	10				170.	310.				
ď	11		renue (Part VIII, column (A), lines 5, 6d, 80, 90, 100, and 1190.	-	1,730.	1,410.				
	12	Total reve	enue – add lines 8 through 11 must equal Part VIII, ediumn A ne 1	12)	103,154.	101,752.				
	13		nd similar amounts paid (Par IX, column (A), lines 1-3)	· <del>/</del>						
	14		paid to or for members (Part IX, could be the 4)		1,200.	1,100.				
	15			<del>                                 </del>	24 000	21 100				
Expenses				' <sup>()</sup>	24,000.	31,100.				
ë	16a		anal fundraising fees (Part IX, column (A), line 11e)	•						
X	b		draising expenses (Part IX, column (D), line 25) ▶							
_	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		52,981.	43,676.				
	18		enses Add lines 13-17 (must equal Part IX, column (A), line 25)		78,181.	75,876.				
	19	Revenue	less expenses Subtract line 18 from line 12	•	24,973.	25,876.				
Net Assets or Fund Balances				Beginni	ng of Current Year	End of Year				
sets	20	Total ass	ets (Part X, line 16)		127,614.	154,224.				
A A	21		ılıtıes (Part X, line 26)		179.	913.				
žĒ	22	Net asset	ts or fund balances Subtract line 21 from line 20		127,435.	<u>153,311.</u>				
P	art II	Signat	ture Block							
	e, correc	st, and compl	ry, I declare that I have examined this return, including accompanying schedules and ete. Declaration of preparer (other than officer) is based on all information of which parties of officer.  M. BAKER, TREASURER			ny knowledge and belief, it is				
		I <b>B</b> —	e or print name and title	1						
_		Print/Ty	pe preparer's name   Preparer's signature	Date	26	PTIN				
Pa		7	e Tuttle CPA Thine Tutll,		/2019 Self-em					
	epare	- ·		103/10	<del></del>					
Us	e On	ly Firm's n		00507		91-1521840				
1/10	v tho I		ddress > 2407 PACIFIC AVE. SUITE C, OLYMPIA, WA	98507	Phone no (3	60) 754-5848				

						 •
		•••••				 
						 ·
		•••••				 
			- <b></b>			 
						 ·····
4d	Other program services (De	escribe in Schedule O.)				
	(Expenses \$ Total program service expe	including grants of \$	)	(Revenue \$	)	
4e	Total program service expe	enses ►				

	A	_	
Part IV	Checklist of	DOMINEAN	Cobodulos
	CHECKIISLUI	neuuneu	ocheudies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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		×
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		×
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>×</u> _
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	_×_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	×
b	, , ,	20b	-	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? နြှင့်γည်းရှိနော့ plete Schedule I, Parts I and II	21	000	×
		For	m <b>99</b> 0	(2018)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	×
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		×
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 25a	24a		×
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 31		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 65	,,,,
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	
	REV 04/11/19 PRO	For	ո 990	(2018)

Part	V. Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•	
	Statements, filed for the calendar year ending with or within the year covered by this return  2a			لند
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_	<u> </u>
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<del></del>	
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a	X	
_		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		×
	If "Yes," enter the name of the foreign country. ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u> </u>	<u> </u>	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	<u>×</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u></u>
C -	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			_ <b>x</b> _
7	gifts were not tax deductible?	6b		. 1
7	- • • • • • • • • • • • • • • • • • • •			- 1
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?		—	×
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		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
е	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? .	7f		×
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<del></del>	<u> </u>	لتت
9	Sponsoring organizations maintaining donor advised funds.			<u>-</u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<del></del>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.		٠	
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]	ļ	,	
11	Section 501(c)(12) organizations. Enter:			[
а	Gross income from members or shareholders		٠.	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			<u></u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ <u>-</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			- 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		, ,
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			-
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	١.		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		ļ.,,
	If "Yes," complete Form 4720, Schedule O.		. 000	(2018)
		FOI	ココし	(ZU10)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Section	on A. Governing Body and Management			<del></del>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			.
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
•-				
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
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?			
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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5 ^	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
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	×_	ļ.,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	<u> </u>		
a	The governing body?	8a	×	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	ا ۾ ا		
Soction	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	200 1	×
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		×
b	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		×
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		×
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		×
14	Did the organization have a written document retention and destruction policy?	14	×	
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? The organization's CEO, Executive Director, or top management official	15a		┟╼┯┙
a b	Other officers or key employees of the organization	15b		×
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-	ļ <b>I</b>
iva	with a taxable entity during the year?	16a	<u> </u>	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
,,,	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re TIM BAKER, 4600 VILLAGE CIRCLE SE, OLYMPIA, WA 98501 (360) 709-9309	cords	<b>•</b>	
	TIM DAKEK, 4000 VILLAGE CIRCLE SE, OLIMFIA, WA 30001 (300)/03-3003			

orm	aan	(2018)	

Page 7

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

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

				(0	C)						
(A) Name and Title	(B) Average hours per	rage box, unless person is both an sper officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) TIM BAKER	30.00										
TREASURER		×						24,000.	0.	0.	
(2) TONY WURST PAST PRESIDENT	2.00	×						0.	0.	0.	
(3) LUKE RAMBO PRESIDENT	2.00	×						0.	0.	0.	
(4) MARK LEE VICE PRESIDENT	2.00	×						0.	0.	0.	
(5) COREY CHANTRY PRESIDENT ELECT	2.00	×						0.	0.	0.	
(6)		-									
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)						-					
(14)											

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	eck s pe	ition more	ha other Highest compensated	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-Mi	from	(F) Estimated amount of other compensation from the organization and related organizations
(15)				е			ted					
(16)											+	
(17)												
(18)											+	
(19)											_	
(20)											_	
(21)												
											_	
											$\perp$	
(24)												
(25)			1									
1b c d_	Total from continuation sheets to Part Total (add lines 1b and 1c)		n A				•	<b>&gt;</b>	24,000.		0.	0
2	Total number of individuals (including but reportable compensation from the organi		d to th	ose	lıst	ed a	above	e) w	ho received me	ore than \$10	00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						emp	oloyee, or high	est comper	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization'											5 ×
Section 1	On B. Independent Contractors  Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
2	Total number of independent contractor	re (includir	ag bi	ıt n	ot I	ımıt	ed to	\	oso listed abo	ove) who		

Part	ViII	Statement of Reve	enue				<del></del>	. ugo <b>u</b>
		Check if Schedule C		ponse or note to	any line in this	Part VIII		П
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants 7	1a b	Federated campaigns Membership dues	<del></del>	28,778.		revenue		312-314
ts, ( Am	С	Fundraising events .	1c					
Giff	d	Related organizations	<del></del>					
ns, Sim	e	Government grants (cor						1
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g and similar amounts not inc	luded above 1f	1,705.		·		
ont nd (	g	Noncash contributions includ						
	h	Total. Add lines 1a-1	<u> </u>	<b>&gt;</b>	30,483.			
Program Service Revenue	20	CEMTNIADO		Business Code	CO 540	60 540		
Seve	2a b	SEMINARS	•••••	561910	69,549.	69,549.	0.	0.
e.	C							
Ž	d		·					
Š	e							
gra	f	All other program ser	VICE revenue					
P.	g	Total. Add lines 2a-2			69,549.			
	3	Investment income	(including divid	ends, interest,	03,313.			1
		and other similar amo			310.	0.	0.	310.
	4	Income from investmen	t of tax-exempt be	ond proceeds ▶				
	5	Royalties						
		•	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less: rental expenses						ļ
	С	Rental income or (loss)						[
	d	Net rental income or	(loss)	•				·
	7a	Gross amount from sales of	(i) Securities	(II) Other				4
		assets other than inventory						
	b	Less. cost or other basis and sales expenses .			:			
	С	Gain or (loss)						.]
	d	Net gain or (loss) .		▶				
ne		Gross income from fu					,	
Other Revenue		events (not including \$ of contributions reported						
er F		See Part IV, line 18 .						
Ţ.	b	Less. direct expenses						
	С	Net income or (loss) f	rom fundraising	events . ►				
		Gross income from gas See Part IV, line 19	aming activities.					
	h	Less. direct expenses						
		Net income or (loss) f						-
		Gross sales of in		VIII.05				
		returns and allowance						
	h	Less: cost of goods s						ļ
		Net income or (loss) f						
		Miscellaneous R		Business Code				··-···
	11a			541860	1,410.	0.	1,410.	0.
	b	ADVERTISING		241000	1,710.	<u> </u>	1,710.	<u> </u>
	C			<del> </del>				
	d	All other revenue .		<del>                                     </del>				<del></del>
		Total. Add lines 11a-		▶	1,410.		<del>-</del>	
	12	Total revenue See			101 752	60 540	1 410	310

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	iplete all columns. Al	ll other organizatıor	is must complete co	olumn (A)
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments See Part IV, line 21	1,100.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				į
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	31,100.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		·		
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				<del> </del>
b	Legal				
c d	Accounting	611.			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,683.			
13	Office expenses	2,260.			
14	Information technology	140.			
15	Royalties				
16 17	Occupancy	4,800.			
18	Travel				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31,860.		· · · · · · · · · · · · · · · · ·	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	0.			
23	Insurance				
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 O.)				
а	DONDO EVDENCES	269.			
b	LICENSES	10.			
С	BENEVOLENT FUND EXPENSES	1,991.			
d	UNRELATED BUSINESS INCOME TAXES	52.			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	75,876.			
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)				

34

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . . . . . . . 25,708. 1 27,608. 2 Savings and temporary cash investments . . . . . . 101,906. 2 126,616. 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . Assets 6 7 Inventories for sale or use . . . . . . . 8 Prepaid expenses and deferred charges . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 543. 10a Less accumulated depreciation 10b 543. 0. 0. 10c Investments—publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 . . . 12 13 Investments - program-related. See Part IV, line 11. 13 Intangible assets . . . . . . . . . . . . . . . . 14 14 15 15 16 127,614. 154,224. Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 17 Accounts payable and accrued expenses . . 179. 913. 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 179. 26 Total liabilities. Add lines 17 through 25 . 26 913. Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | X | and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 127,435. 32 153,311. Retained earnings, endowment, accumulated income, or other funds. 127,435. 153,311. 33 33

154,224. Form **990** (2018)

127,614.

34

Total liabilities and net assets/fund balances . . . .

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	01,7	52.
2	Total expenses (must equal Part IX, column (A), line 25)	2		75,8	76.
3	Revenue less expenses. Subtract line 2 from line 1	3		25,8	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	27,4	35.
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	53,3	<u> 11.</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·		
	Assessment as a second as a second by Estimated and Market and Assessment and Ass			Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other		-	*	· ]
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain II	ן ן		•
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	
Za	If "Yes," check a box below to indicate whether the financial statements for the year were comp			$\vdash$	<del>-</del>
	reviewed on a separate basis, consolidated basis, or both:	illed o	'  · '	"	. 1
	Separate basis Consolidated basis Both consolidated and separate basis		-	- :	
b			. 2b		
-	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on			
	separate basis, consolidated basis, or both.	u 011 1	<b>"</b>   -		4
	Separate basis Consolidated basis Both consolidated and separate basis			٠ ; ا	+
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiah	ıt		
_	of the audit, review, or compilation of its financial statements and selection of an independent account	_			
	If the organization changed either its oversight process or selection process during the tax year, exp			•	-34
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set t	orth II	n		
	the Single Audit Act and OMB Circular A-133?		. 3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the	e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdıts.	3b		
				000	10040

Form **990** (2018)

# **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name o	f the organization		Employer identification number				
WAS	HINGTON STATE PEST CONTROL ASSOCIAT	rion	95-0153072				
	t I Organizations Maintaining Donor Adv		ds or Accounts.				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of 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 he	eld in donor advised				
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	l?				
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gran	<del>_</del>				
	only for charitable purposes and not for the bene						
		· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·				
Par							
	Complete if the organization answered	"Yes" on Form 990. Part IV. line 7.					
1	Purpose(s) of conservation easements held by the						
•	Preservation of land for public use (e.g., recrea		a historically important land area				
	Protection of natural habitat		a certified historic structure				
	☐ Preservation of open space		a commod motorio chactare				
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation				
-	easement on the last day of the tax year.		Held at the End of the Tax Year				
а							
	Total acreage restricted by conservation easement						
b	Number of conservation easements on a certified						
۲ د	Number of conservation easements included in	• •					
d	historic structure listed in the National Register	(c) acquired after 1725/00, and not					
3	Number of conservation easements modified, tran	oformed released extinguished or term	· 2d				
3	tax year ►	sterred, released, extinguished, or tern	illiated by the organization during the				
4	Number of states where property subject to conse	rustion assement is located					
4 5	Does the organization have a written policy re		poston handling of				
3	violations, and enforcement of the conservation ea						
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservation easements during the year				
_	<b></b>						
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing (	conservation easements during the year				
•	<b>\$</b>	0(1)	470///////				
8	Does each conservation easement reported on line						
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports						
	balance sheet, and include, if applicable, the text of	<del>_</del>	ancial statements that describes the				
	organization's accounting for conservation easemi		Oll Civil A				
Par	Ţ		Other Similar Assets.				
	Complete if the organization answered						
1a	If the organization elected, as permitted under SF						
	works of art, historical treasures, or other similar	•					
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	describes these items.				
b	If the organization elected, as permitted under S						
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance						
	public service, provide the following amounts relat	<del>-</del>					
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$				
2	If the organization received or held works of art	, historical treasures, or other similar	assets for financial gain, provide the				
	following amounts required to be reported under S						
а	Revenue included on Form 990, Part VIII, line 1 .						
	Assets included in Form 990. Part X		\$				

Pan	<b>THE Organizations Maintaining</b>	Collections of A	Art, His	torical	Treasures,	or Oth	ier Similar Ass	<b>ets</b> (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, ched	ck any of the	follow	ng that are a sig	inificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progra	ams	
b	☐ Scholarly research		е	□ Othe	r			
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	ion's collections a	ınd expl	ain how t	hey further t	he orga	ınızatıon's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							☐ Yes ☐ No
Part	IV Escrow and Custodial Arra							
	Complete if the organization 990, Part X, line 21.							
1a	Is the organization an agent, trustee, included on Form 990, Part X?			=	or contribution			☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing t	able:		Am	ount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amour						•	
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been p	provided	on Part XIII .	<u> </u>
Par	t V Endowment Funds.							
	Complete if the organization							
	_	(a) Current year	(b) Pr	or year	(c) Two years	back (	d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
·e	Other expenditures for facilities and programs							· •
f	Administrative expenses						- " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
g	End of year balance		-					
2	Provide the estimated percentage of t	he current year en	d baland	ce (line 1g	, column (a))	held as	s:	
а	Board designated or quasi-endowmer	nt 🕨	%					
b	Permanent endowment ▶	%	-					
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the organization by	possession of th	e organ	zation th	at are held a	ind adm	ninistered for the	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of							3b
4	Describe in Part XIII the intended uses	of the organization	n's end	owment f	unds.			
Part								
	Complete if the organization	answered "Yes'	' on Foi	m 990, I	Part IV, line	11a. S	ee Form 990, F	Part X, line 10.
	Description of property	(a) Cost or oth (investme		1 ' '	or other basis other)		occumulated oreciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment		543.	1			543.	0.
e	Other							
Total.	Add lines 1a through 1e. (Column (d) n	oust equal Form 99	0 Part	X. columi	n (B) line 10d	? )	<b>•</b>	0.

Part VII	Investments — Other Securitie Complete if the organization are		m 990. Part IV. line	e 11b. See Form	990. Part X. line 12.
	(a) Description of security or cated (including name of security)		(b) Book value	(c) Meti	nod of valuation of-year market value
(1) Financia	I derivatives				
	held equity interests				
(3) Other	•••••				
(A)		•••••			
(B)					
(C)		•		<del></del>	
(D) (E)					
(F)					
(G)					<del>-</del>
(H)		•			
	(b) must equal Form 990, Part X, col (B) line 12)	· · · · · · · · · · · · · · · · · · ·			
Part VIII	Investments—Program Relat				
	Complete if the organization ar		m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	hod of valuation of-year market value
(1)					
(2)		·			
(3)					
(4)					
_(5)				···· -	
(6)					
(7)					
(8)					
(9)	b) must equal Form 990, Part X, col (B) line 13) I	<u> </u>			
Part IX	Other Assets.				•
	Complete if the organization ar	nswered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	·	(a) Description	······································		(b) Book value
(1)					
(2)					
(3)			<del></del>		
(4)					<del> </del>
(5)					
(6)					
					····
(8)					<del></del> -
(9)	mn (b) must equal Form 990, Part X,	col (R) line 15 )			<del></del>
Part X	Other Liabilities.	COI (D) IIIIe 13) .	<u>·</u>		
raitA	Complete if the organization ar	nswered "Yes" on For	m 990. Part IV. line	e 11e or 11f. See	Form 990. Part X.
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes				
(2)					
(3)					-
(4)					
(5)					
(6)					
(7)	·			•	
(8)		<u> </u>			•
(9)	(h) must squal Farry 000 Dark V L /D) to 05 h				
	b) must equal Form 990, Part X, col (B) line 25) I r uncertain tax positions. In Part XIII, pre		oto to the erganization	's financial stateme	ate that reports the
LIAUIIILY TO	i uncertain tax positions. In Part XIII, pr	JVIGE THE TEXT OF THE 100th	ote to the organization	i o iirianciai Stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statem		r Return.
	Complete if the organization answered "Yes" on Form 990,		<del></del>
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
a	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>		4c
5 Pos			5
r eu u	Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990,		er Return.
1			T .
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
ے a	Donated services and use of facilities	20	
b		2a	_  <b>       </b>
C	Prior year adjustments	2b   2c	_{
d	Other losses	2d	
e	Add lines <b>2a</b> through <b>2d</b>		- 20
3	Subtract line 2e from line 1		2e 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		3
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<b>-           </b>
c			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir		5
Part	XIII Supplemental Information.	,	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
; Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.
		***************************************	

Schedule D (For		age 5
Part XIII	Supplemental Information (continued)	
••	·	
••••		,
		·
	,	
	<u>`</u>	
	•••••••••••••••••••••••••••••••••••••••	
,		
•		

## 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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Inspection Name of the organization Employer identification number WASHINGTON STATE PEST CONTROL ASSOCIATION 95-0153072 Pt VI, Line 6: THE ORGANIZATION HAS MEMBERS. Pt VI, Line 7a: THE MEMBERS ELECT THE BOARD. Pt VI, Line 7b: DECISIONS RELATIVE TO THE SEMINARS PRESENTED ARE NOT SUBJECT TO REVIEW, BUT THE BUDGET IS SUBMITTED TO THE BOARD MEMBERS FOR APPROVAL. Pt VI, Line 11b: THE FORM IS PRESENTED TO THE BOARD AT THE NEXT MEETING FOLLOWING COMPLETION. Pt IX, Line 24e: Description: MEMBERSHIP COSTS Description: NEWSLETTER Description: MEALS Description: TAXES/LICENSES Description: TRAVEL Description: SUPPLIES & POSTAGE Description: SNAPSHOP ADVERTISING