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# 990

Department of the Treasury Internal Revenue Service

#### Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

2008 Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2008 calendar year, or tax year beginning Please North Carolina Sheriffs' Employer identification number C. Name of omanization Check if applicable use IRS Association, Inc. Address change label or 56-1079943 Doing Business As print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number type. Initial return See 919-743-7433 P.O. Box 20049 Specific Termination City or town, state or country, and ZIP + 4 2,447,286 G Gross receipts \$ Instruc-NC 27619-0049 Raleigh X tions Amended return Name and address of principal officer H(a) Is this a group return for Application pending Edmond W. Caldwell, Jr. affiliates? H(b) Are all affiliates included? P.O. Box 20049 NC 27619-0049 Raleigh If "No," attach a list (see instructions) **X** 501(c) ( Tax-exempt status 4947(a)(1) or Website: ▶ www.ncsheriffs.org **H(c)** Group exemption number ▶ Type of organization X Corporation Trust 1980 Year of formation M State of legal domicile Summary Bnefly describe the organization's mission or most significant activities: To support the Sheriffs of North Carolina and their purpose. Activities & Governance 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its assets 11 3 Number of voting members of the governing body (Part VI, line 1a) 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 Total number of employees (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 554,561 767,915 8 Contributions and grants (Part VIII, line 1h) 1,726,593 1,665,116 Program service revenue (Part VIII, line 2g) **8**,305 5,200 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,747 9,055 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,302,206 2,447,286 12 Total revenue acquires 8 throppin 1 (must equal Part VIII, column (A), line 12)
13 Grants and similar amounts perio (Fart X) column (A), lines 1-3) 14 Benefits grand to or for members (Part I X column (A), line 4) 15 Salaries Sper compensation 2010 over Penefits (Part IX, column (A), lines 5-10) 631,582 920,152 16a Professiona fundraising fees (Part IX, Solumn (A), line 11e)
b Total fundraising expenses (Part IX column (D), line 25)

17. Other expenses (Part IX) 769,009 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,260,075 1,736,842 ,891,657 2,656,994 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 410,549 -209,708 Beginning of Year End of Year 337,254 894,132 20 Total assets (Part X, line 16) 132,214 204,641 21 Total liabilities (Part X, line 26) 689,491 205,040 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer Edmond W. Executive VP & General Counsel Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) Paid selfsignature 1/19/10 P00105848 Lund employed Preparer's Perkins, Lund, Collar & Associates 56-2034483 PLLC EIN Firm's name for yours **Use Only** 2607 Oberlin Rd Ste 104 if self-employed), address, and ZIP + 4 NC 27608-1320 919-781-1721 Raleigh,

May the IRS discuss this return with the preparer shown above? (see instructions)

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

X Yes No

Form 990 (2008)

Form 990 (2008)

) (Revenue \$

(Expenses \$

4d Other program services (Describe in Schedule O )

105,499 including grants of \$

4e Total program service expenses ► \$ 1,653,134 (Must equal Part IX, Line 25, column (B).)

				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A .	1		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-		**
	candidates for public office? If "Yes," complete Schedule C, Part I	.  _3	+		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	1.		<b></b> │	
_	Schedule C, Part II	14	+	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	۔ ا	.		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	+	-	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			- 1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	e		l	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		+		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	.		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		十		
Ü	complete Schedule D, Part III	ا ا			x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	.	-		
·	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV	9			X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	1		T	$\overline{\mathbf{x}}$
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,				
	Parts VI, VIII, IX, or X as applicable	1	1	$\mathbf{x}$	
12	Did the organization receive an audited financial statement for the year for which it is completing this return				
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	1	2	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	1	3		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14	а		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	. 14	lb		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	ļ			ı
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<u> 1</u>	5		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, Part III	1	$\overline{}$		<u> </u>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	1	$\neg$		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_	8	_	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		9		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		0		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	<del>`</del> +		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<u>  2</u>	2		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete		.	J.	i
	Schedule J	2	3	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions				
		1,			X
<b>L</b>	24b–24d and complete Schedule K. If "No," go to question 25.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	$\neg  au$		
b	Did the organization invest any proceeds of tax-exempt borids beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24	+		
С	to defease any tax-exempt bonds?	24	اما		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	$\neg$		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		_		
_va	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	<sub>ia</sub>		x
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	<u> </u>	_		
-	person from a prior year? If "Yes," complete Schedule L, Part I	25	ь		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		十		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	2	6		X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		$\top$		
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	2	7		<u>x</u> _
		F	om	990	(2008)

organization? If "Yes," complete Schedule R, Part V, line 2

#### Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, X 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," X 28b complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a 28c professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related

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

Form **990** (2008)

36

X

X

36

18 Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Refulse. Enter 4-Of front applicable 1.5. 0  19 Enter the number of Forms W-2S included on line 1 at Enter 0-f front applicable 2.5. Did the organization comply with backup withholding dues for reportable payments to vendors and reportable 2.5. Did the organization comply with backup withholding dues for reportable payments to vendors and reportable 2.5. Included on the 2.5. Did the organization flow of the backup distribution of the state of the calendar year ending with or within the year covered by bits return 2.5. Visit the sum of lines 1 and 2 as ig restor than 250, you may be required to effile this return (see instructions)  10 If the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  11 If "Yes," has tilled a Form 990-T for this year? If "No," provide an explanation in Schedule 0.3. If "Yes," has tilled a Form 990-T for this year? If "No," provide an explanation in Schedule 0.3. If "Yes," has tilled a Form 990-T for this year? If "No," provide an explanation in Schedule 0.3. If "Yes," shart the almost of the foreign country: Level of the organization have an interest in, or a signature or other authority over, a financial account in 5 organization have an interest in, or a signature or other authority over, a financial account in 5 organization flar year. If "No," provide an explanation in Schedule 0.3. If "Yes," or the the name of the foreign country: Level or year. If year or other financial accounts is organization and year. If year or year is a specific that year?  19 If "Yes," to question 5 ao r Sb, did the organization that five sor is a party to a prohibited tax shelter transaction?  20 If "Yes," to question 5 ao r Sb, did the organization the Form 3886-Ti, Declosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  20 If "Yes," to question 5 ao r Sb, did the organization that were not tax deductible organization shart	Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance				Т	т
U.S. Information Returns Enter-0- if not applicable  De Enter the number of Forms VSC affinituded in line 1a Enter-0- if not applicable  De the expansization comply with backup withholding rules to reportable payments to vendors and reportable gaming (gamithing) withings to prace without payments of the expansization process with the payments of the expansization process with the payments of the					_	Yes	No
b Enter the number of Forms W-2G included on time 1s Enter o-4" not applicable  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) withings to prize winners?  2a Enter the number of remitpules 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  □ If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b X  Note, if the sum of files 1 and all as in greater than 150, you may be required to e-file the returns?  2c Note, if the sum of files 1 and all as in greater than 150, you may be required to e-file the returns?  2c Note, the sum of files 1 and 2s in greater than 150, you may be required to e-file the returns?  2c Note, the sum of files 1 and 2s in greater than 150, you may be required to e-file the returns?  3c Note, the sum of files 1 and 3s is greater than 150, you may be required to e-file the returns of the sum of the organization in sum of the su	1a		10	7			
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a instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  It "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, secunties account, or other financial accounts)  If "Yes," enter the name of the foreign country; ▶  See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  As the organization a party to a prohibited tax shelter transaction at any time during the tax year?  See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  We she organization a party to a prohibited tax shelter transaction at any time during the tax year?  So Did any taxable party notify the organization flat it was or is a party to a prohibited tax shelter transaction?  So Did the organization a solicit any comhibition that it was or is a party to a prohibited tax shelter transaction?  So Did the organization and curie with every solicitation an express statement that such contributions or gifts were not tax deducible?  So Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible?  Organizations that may receive deducible contributions under section 170(c).  Did the organization provide goods or services in exchange for any quid prio quo contribution of more than \$75°?  If "Yes," did the organization notify the donor of the value of the goods or services provide?  To Did the organization provide goods or services in exchange for any quid prio quo contribution of more than \$70°.  If "Yes," indicate the number of Forms \$882 filed during the year  For Did the organization sell, exchange, or otherwise dispose of tangible personal				•		1	
3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3 If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22 1. Report of Foreign Bank and Financial accounts.  4 If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22 1. Report of Foreign Bank and Financial Accounts.  4 If Yes, and the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 If Yes, do during the organization in filing misself. Tilectiosure by Tax-Exempt Entity  Regarding Prohibited Tax Shelter Transaction?  5 Did the organization shelt amy contributions that were not tax deductible?  5 If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5 If Yes, did the organization provide goods or services in exchange for any quid prio quo contribution of more than \$75?  5 If Yes, did the organization notify the donor of the value of the goods or services provided?  5 If Yes, did the organization shell, exchange, or otherwise dispose of tinglible personal property for which it was required to file Form 8282?  5 If Yes, did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Yes, and the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Yes, and the organization of quali							
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benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  f Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  To Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Table If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	А	• • • • • • • • • • • • • • • • • • • •	7d	1	1.0		+
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  7h X  8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  9a X  b Did the organization make a distribution to a donor, donor advisor, or related person?  9b X  10 Section 501(c)(7) organizations. Enter:  a 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  11a	•		0.00	-	7e	1	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a 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  110 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  5 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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	f	·	act?		•		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter: a 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  10c  10a  10b  11a  6 Gross income from members or shareholders  5 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  12b  15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  16 If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	g				7g		X
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b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a 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  Section 501(c)(12) organizations. Enter:  a 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
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a 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 Section 501(c)(12) organizations. Enter a 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	þ	Did the organization make a distribution to a donor, donor advisor, or related person?			. 9b		X
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  12b	b		ا ا				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	40	•		L	——————————————————————————————————————		
				I	123	-	+
		in res, enter the amount of tax-exempt interest received or accrued during the year	I 1∠D	L	<u></u>	m 99	(2008)

Par		out policies	not	
Soot	required by the Internal Revenue Code.) on A. Governing Body and Management			
Sect	on A. Governing Body and Management		Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions.			
	Enter the number of voting members of the governing body  1a 11			
	Enter the number of voting members that are independent  1b 11			
	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
	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		ļ
	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	<u> </u>	<del> </del>
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			3.5
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11.		<u> </u>
Sect	ion B. Policies			r
		40-	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		$\vdash$
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	405	x	
	nse to conflicts?	12b		<del>                                     </del>
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	X	
	describe in Schedule O how this is done	12c	X	$\vdash$
	Does the organization have a written whistleblower policy?	14	X	
	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	19		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
	The organization's CEO, Executive Director, or top management official?	15a	X	İ
	Other officers or key employees of the organization?	15b		x
	Describe the process in Schedule O. (see instructions)	105		<del> </del>
	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
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	.   100		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure	, , , , , ,		
	List the states with which a copy of this Form 990 is required to be filed NC			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)	•		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization. ► Edmond W. Caldwell, Jr. 323 West Jones St.			
	leigh NC 27603	919-74	3-7	433

# 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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the o	rganization did not compe	nsate	e an	y offi	cer,	direc	ctor,	trustee, or key employee.		<del></del>
(A)	(B)	_	,		C)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		Officer	Key employee	Mighest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Edmond W. Ca	ldwell, Jr.				_					
Exec VP	70+			X				248,185	0	32,318
Sheriff Stev	e Bizzell									
Chairman	5	<u>_</u>		X				0	0	0
	y G. Monette									
President	5			X	<u> </u>			0	0	0
Sheriff Jame	s L. Knight									
1st Vice Pre	3			X				0	0	0
Sheriff Samu										_
2nd Vice Pre	3			X				0	0	0
Sheriff Wayr	_									_
Sec/Treas	3	_		X		<u> </u>		0	0	0
Sheriff W.E.	"Billy" Smi	th								_
Exec Comm	3					_	_	0	0	0
Sheriff Earl										•
Exec Comm	3							0	0	0
Sheriff Wort										•
Exec Comm	3			_				0	0	0
Sheriff Dane										•
Exec Comm	3	_	<u> </u>		_	├	<b> </b>	0	0	0
Sheriff Tom						İ				0
Exec Comm	3			_		<del> </del>	<del></del>	0	0	
Sheriff Brac	_									0
Exec Comm	3	_			_	-	⊢	0	0	0
				}				o	o	0
							$\vdash$	<u> </u>		
·								0	0	0
<del>-</del>										
						$\vdash$	$\vdash$	0	0	0
						Γ	$\Box$			
		L		L		<u> </u>				

Part VII ' Section A (A) Name and title	(B) Average			(l chec	C)	hat a	oply)	(D) Reportable	(E) Reportable		(F) mated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	ount of ther ensation m the nization related nizations	
			_								<u></u>	
	-											
											<del></del>	
			-									
•		-										
_	lividuals (including those in	1 1 1a) '	who	rece	l	mor	▶ e tha	248,185 an \$100,000 in reportable of			32	,318
organization ▶ 1										F	Ye	s No
employee on line 1: 4 For any individual li	a? If "Yes," complete Sche sted on line 1a, is the sum	dule of re	J for	suc able	h ind	dıvıdı ipen:	ial satio	oyee, or highest compensation and other compensation s," complete Schedule J fo	from	3		х
	ed on line 1a receive or ac to the organization? If "Yes							ly unrelated organization fo	or .	4		x
Section B. Independent	t Contractors							ractors that received more	than \$100,000 of			
compensation from									(B) blion of services	<del>-  </del>	(C) Compen	) Isation
				_								
	<u> </u>											
	-	uding	tho	se ır	1) \	who r	ece	ved more than \$100,000 ir				
compensation from	the organization >									F	0 om <b>99</b>	0 (2008

Pa	rt V	III Statement of Rev	enu	Э					
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(0, (0)		F. J	4-				revenue		512, 513, or 514
뚩		Federated campaigns	1a						
56		Membership dues	1b						
ffs,		Fundraising events	1c						
ig.		Related organizations	1d						
sir		Government grants (contributions)	1e		57,465				
Program Service Revenue   Contributions, gifts, grants anounts	f	All other contributions, gifts, grants, and similar amounts not included above			10 450				
턉			- 11		10,450				
oug	_	Noncash contributions included in lines	1a-1f	\$		565 045			
5	<u>h</u>	Total. Add lines 1a-1f			<b>P</b>	767,915			
nue l	_				Busn. Code	1 474 210	1 474 210		
eve	2a	Membership Dues &				1,474,312	1,474,312		<del></del>
9	b	Convention & Meeti	-			190,942	190,942		·····
Ž	C	Accrual to Cash -	Prep	aid Due		-138	-138		
Se	đ					·1			<del></del>
ran	e								<del></del>
<u>o</u>	f	All other program service rev	enue/			4 005 440			
_	9	Total. Add lines 2a–2f				1,665,116			
	3	Investment income (including	g divid	ends, intere	est, and	<b>5</b> 000		,	
		other similar amounts)				5,200	<u> </u>	-	5,200
	4	Income from investment of t	ax-exe	mpt bond p	roceeds >				
į	5	Royalties			<u> </u>				
		(ı) Real		(11) F	Personal				
	6a	Gross Rents							
	þ	Less rental exps							
	С	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from (4) Security			<u> </u>				
	, a	sales of assets (i) Securit	ties	(11	) Other				
		other than inventory							
	ь	Less cost or other							
		basis & sales exps							
		Gain or (loss)							
		Net gain or (loss)			<u> </u>				
	Вa	Gross income from fundraising e	vents						
'n		(not including \$							
946		of contributions reported on line 1	•	_					
Other Revenue		See Part IV, line 18		a					
the		Less: direct expenses		b					
0		Net income or (loss) from full		ing events	<u> </u>				
	ча	Gross income from gaming activi		_					
	1.	See Part IV, line 19	•	a b					
		Less direct expenses		~					
		Net income or (loss) from ga	-	activities					
	TUA	Gross sales of inventory, les		_					
		returns and allowances	•	a b	<del></del> .				
		Less cost of goods sold							
	с	Net income or (loss) from sa Miscellaneous Reven		inventory	Busn. Code			<del></del>	
	44-	<del></del>			Dusii. Code	4,170	4,170		
	11a	NCSA - US Attorney	TUCOE	iė	<del></del>	2,035			
	b	Other Income			-	1,520			·
	C	Sheriffs' Directory			<del></del>	1,320			
		All other revenue .	٠			9,055		·	
		Total. Add lines 11a-11d		. 4 E 0-1 .	7d 9a	3,033			
	12	Total Revenue. Add lines 18 9c. 10c. and 11e	ı, ∠g, .	o, 4, 0, 60,	/u, oc, ►	2,447,286	1,674,171	0	5,200
		ac. Dr. add LIM				, , 0 0 1			

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must co	mplete column (A) but are	e not required to complet		<u> </u>
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and	<del></del>	expenses	general expenses	evhelises
1	organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in	<del></del>			
2	the U.S. See Part IV, line 22				
•	i	<del></del>			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members	-			
4	·	-			
5	Compensation of current officers, directors,	253,071	215,110	25,307	12,654
6	trustees, and key employees  Compensation not included above, to disqualified	233,011	213,110	23,307	12/004
O	persons (as defined under section 4958(f)(1)) and		İ		
	persons described in section 4958(c)(3)(B)				
7	```	563,587	479,049	56,359	28,179
7 8	Other salaries and wages Pension plan contributions (include section 401(k)	303,301	213,043	30,339	20,119
0	and section 403(b) employer contributions)				
9	Other employee benefits	46,854	39,826	4,685	2 343
10	Payroll taxes	56,640	48,144	5,664	2,343 2,832
11	Fees for services (non-employees)	30,010	30,133	<u> </u>	2,032
a h	Legal				
	Accounting	45,578	38,741	4,558	2,279
	Lobbying	43,370	30,741	4,330	2,2,3
	Professional fundraising services See Part IV, line 17				
	Investment management fees		·····		
,	<u>-</u>				
g 12	Advertising and promotion				<del></del>
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	65,694	61,754	2,628	1,312
17	Travel	31,370	31,370		
18	Payments of travel or entertainment expenses	32/3/0	32,310		····
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	496,188	494,152	2,036	· · · · · · · · · · · · · · · · · · ·
20	Interest	560	476	56	28
21	Payments to affiliates	300			
22	Depreciation, depletion, and amortization	124,294	~	124,294	
23	Insurance		-		
23					······································
24	Other expenses. Itemize expenses not				
-7	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Printing	285,712			285,712
b	Postage	259,812	9,430	401	249,981
c	Fulfillment materials	100,517			100,517
d	Mailing Lists	79,656			79,656
e	Office supplies & expense	57,722	54,261	2,309	1,152
ŧ	All other expenses	189,739	180,821	6,554	2,364
25		2,656,994	1,653,134	234,851	769,009
	Joint Costs. Check here Inf following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs	2,000,334	2,000,104	232,031	,
	from a combined educational campaign and fundraising solicitation		<u>l</u>		F 990 (2008)

<u>P</u>	art X	Balance Sheet						
				(A)		<b>(B)</b> End of		
	ı			Beginning of year				
	1	Cash—non-interest bearing	}	824,163	1	- 62	21,4	100
	2	Savings and temporary cash investments	<u> </u>	450 222	2			140
	3	Pledges and grants receivable, net		450,222	3		8,9	
	4	Accounts receivable, net		31	4	<del></del> _		29
	5	Receivables from current and former officers, directors,						
		employees, or other related parties Complete Part II of	F		5	<del> </del>	<del></del>	
	6	Receivables from other disqualified persons (as defined						
		4958(f)(1)) and persons described in section 4958(c)(3)(	B) Complete	1				
		Part II of Schedule L			6			
ts	7	Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use	-		8			
ĕ	9	Prepaid expenses and deferred charges		1,418	9			
	10a	Land, buildings, and equipment cost basis	10a 259,955					
	b	Less accumulated depreciation Complete		24 400				
	ĺ	Part VI of Schedule D	10b 46,194	61,420	10c	2:	13,	<u> 761</u>
	11	Investments—publicly traded securities	-		11			
	12	Investments—other securities. See Part IV, line 11	ļ.	<del></del>	12			
	13	Investments—program-related. See Part IV, line 11	ļ		13			
	14	Intangible assets		<u></u>	14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	1,337,254	16		)4 ,:	
	17	Accounts payable and accrued expenses		12,175	17	4	16,3	<u> 349</u>
	18	Grants payable			18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
<u>ë</u>	21	Escrow account liability Complete Part IV of Schedule I			21	····		
Liabilities	22	Payables to current and former officers, directors, truste	es, key					
ap		employees, highest compensated employees, and disqu	ıalıfied					
<b>=</b>		persons Complete Part II of Schedule L			22			
	23	Secured mortgages and notes payable to unrelated third	l parties .		23			
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D		120,039	25		58,2	
	26	Total liabilities. Add lines 17 through 25		132,214	26	20	)4,	<u> 541</u>
nces		Organizations that follow SFAS 117, check here ▶ 2	【 and					
2		complete lines 27 through 29, and lines 33 and 34.				_		
Balaı	27	Unrestricted net assets .		505,277	27		31,	
ä	28	Temporanly restricted net assets		699,763	28		<u>57, '</u>	<u>721</u>
Fund	29	Permanently restricted net assets			29			
Œ		Organizations that do not follow SFAS 117, check her	re▶ 📗					
ō		and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31			
Ą	32	Retained earnings, endowment, accumulated income, o	r other funds		32			
Net /	33	Total net assets or fund balances		1,205,040			39, <i>4</i>	
Ž	34	Total liabilities and net assets/fund balances	. ]	1,337,254	34	89	94,:	<u> 132</u>
P	art >	I Financial Statements and Reporting						
		_	<u>_</u>				Yes	No
1	Ac	counting method used to prepare the Form 990 🏻 🕱 🔾	ash 🗌 Accrual 📗 Ot	her				İ
2	a We	ere the organization's financial statements compiled or rev	viewed by an independent accoun	tant?		2a	X	
t	) We	ere the organization's financial statements audited by an i	ndependent accountant?			. 2b	X	
(	: If "	Yes" to lines 2a or 2b, does the organization have a comi	nittee that assumes responsibility	for oversight of				
	the	e audit, review, or compilation of its financial statements a	and selection of an independent a	ccountant?		2c	<u> </u>	
38	a As	a result of a federal award, was the organization required	to undergo an audit or audits as	set forth in				
	the	Single Audit Act and OMB Circular A-133?				3a_		_X
	) If "	Yes," did the organization undergo the required audit or a	udits?			3b		

SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

nonexempt charitable trusts.

Open to Public

Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

North Carolina Sheriffs'

Association, Inc

Employer identification number 56–1079943

OMB No 1545-0047

P	art I	Reas	on for Public Charity	Status (All organizations	must c	complet	e this	part.) (	see ir	nstruc	tions)		
The	orga	nızation ıs not	a private foundation becaus	e it is (Please check only one of	organizati	on )							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E)									
3	П	A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(i	iii). (Atta	ch Sche	edule H.	.)			
4	П	•	·	d in conjunction with a hospital o							ospital's name		
•	ш	city, and state	•					X - X - X -	,			•	
5		•		of a college or university owned	or operati	ed hv a o	overnme	ental uni	t descri	hed in			
J		_	b)(1)(A)(iv). (Complete Part	=	or operat	ou b, u g	0 1 0 1 1 1 1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 4000				
		•		•	action 17	'0/L\/4\/A	<b>1</b> /)						
6	Н	-	•	overnmental unit described in s						مناطنيما	_		
7	ш	•	•	substantial part of its support fro	om a gove	ernmenta	unit or	rom the	genera	ii public	;		
_	described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8													
9	Y	<del></del>											
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its												
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)												
10	Н	_	_										
11	Ш	-		exclusively for the benefit of, to									
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a Type I b Type II c Type III-Functionally Integrated d Type III-Other												
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
		509(a)(1) or s	section 509(a)(2).										
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				_
		organization,	check this box										Ц
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	n any of th	ne						
		following per	rsons?										
		(i) A persor	n who directly or indirectly co	ntrols, either alone or together	with perso	ons descr	ibed in (	II)				Yes	No
		and (iii) l	below, the governing body o	f the supported organization?							11g(i)		
		(ii) A family	member of a person describ	ped in (ı) above?							11g(ii)		
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(iii)		
h		Provide the f	following information about t	he organizations the organizatio	n suppor	ts							
(i)	Name	of supported	(ıi) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Did v	ou notify	(vi)	s the	(vii) Am	ount of	
٧٠,		anization	(,	(described on lines 1–9	1 ' '	sted in your	, , ,	nization in	organizat		supp		
				above or IRC section	governing	document?		of your	(i) organı				
				(see instructions))				port?	U:				
		<del></del>			Yes	No	Yes	No	Yes	No			
		·						<u> </u>	<b></b> -				
					-		_						
					<u> </u>								

Sche	dule A (Form 990 or 990-EZ) 2008 No.	th Caroli	na Sheri	ffs'	56	-1079943	Page 2
	rt II Support Schedule for O				)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you che	ecked the box	on line 5, 7, o	r 8 of Part I.)			
	tion A. Public Support	·			<del></del>		
Cal	endar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		·				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	<u>,</u>					. <u> </u>
	tion B. Total Support			,		<del></del>	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						<del> </del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	•	, second, third, fo	urth, or fifth tax yea	ar as a section 501	1(c)(3)	
	organization, check this box and stop her			<u>-</u>			<u> </u>
Sec	tion C. Computation of Public Su	<u> </u>				<del></del>	
14	Public support percentage for 2008 (line 6			ın (f))		14	%
15	Public support percentage from 2007 Sch					15	%
16a	33 1/3 % support test—2008. If the organ				33 1/3 % or more,	check this box	
	and stop here. The organization qualifies		•		· · · · · · · ·		. ▶∟
b	33 1/3 % support test—2007. If the organ				15 is 33 1/3 % or n	nore, check this	. ┌
	box and stop here. The organization quali						. ▶∟
17a	10%-facts-and-circumstances test—200	_					
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums		•	· -	•		. ▶∟
Ь	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "fa			•	·		
40	organization meets the "facts-and-circums		=				
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16	b, 1/a, or 17b, che	eck this box and se	e instructions	

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include	205 200	1 000 410	1 640 000	2 22 454		
2	any "unusual grants")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	926,928	1,203,412	1,648,979	2,281,154	2,433,031 9,055	8,493,504 91,346
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	939,872	1,245,336	1,663,655	2,293,901	2,442,086	8,584,850
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000	3,541	29,441				32,982
-	Add lines 7a and 7b	3,541	29,441				32,982
8	Public support (Subtract line 7c from line 6.)	936,331	1,215,895	1,663,655	2,293,901	2,442,086	
Sec	tion B. Total Support	L	<u></u>	<u></u>			8,551,868
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	939,872	1,245,336	1,663,655	2,293,901	2,442,086	8,584,850
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	411	2,982	5,110	8,305	5,200	22,008
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	411	2,982	5,110	8,305	5,200	22,008
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						<b>8</b> 1 · ·
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	940,283	1,248,318	1,668,765	2,302,206	2,447,286	8,606,858
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, fou	rth, or fifth tax year	r as a section 501(	c)(3)	▶ [
Sec	tion C. Computation of Public Sເ	pport Percent	age				
15	Public support percentage for 2008 (line 8	, column (f) divided	by line 13, column	n (f))		15	99.3611 %
16	Public support percentage from 2007 Scho	edule A, Part IV-A,	line 27g			. 16	99.8187 %
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2008 (li	ne 10c, column (f)	divided by line 13,	column (f))		. 17	0.2557 %
18	Investment income percentage from 2007					18	0.1813 %
19a	33 1/3 % support tests—2008. If the orga						
b	17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2007. If the orga						► <u>X</u>
	line 18 is not more than 33 1/3 %, check the						. ▶ 🗀
20	Private foundation. If the organization did						<u></u> ▶ L

Page 4

Schedule A (Form 990 or 990-EZ) 2008 North Carolina Sheriffs' 56-1079943

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Inspection

f the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activi	ties), 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), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization North Carolina Sher:	iffs'		Employer identifi 56–10799	
Association, Inc.  Part I-A To be completed by all organizatio	ne exempt under coetie	n 501(a) and s		
See the instructions for Schedule C	•	ii 50 i(c) aiiu s	ection 527 organiz	Lations.
Provide a description of the organization's direct and in		os in Part IV	·	
2 Political expenditures	idirect political campaign activiti	es iii rait iv.	<b>▶</b> ¢	
3 Volunteer hours	•	•	. • • -	~ ~
3 Volunteer nours		•		
Part I-B To be completed by all organizatio	ns exempt under section	n 501(c)(3).	·	
See the instructions for Schedule C		00 1(0)(0).		
Enter the amount of any excise tax incurred by the org			<b>▶</b> \$	
2 Enter the amount of any excise tax incurred by organiz		1955	<b>▶</b> \$	
3 If the organization incurred a section 4955 tax, did it fil	=		· · -	Yes No
4a Was a correction made?	- · · · · · · · · · · · · · · · · · · ·			Yes No
b If "Yes," describe in Part IV		•	•	
Part I-C To be completed by all organizatio	ns exempt under section	n 501(c), exce	pt section 501(c)(	3).
See the instructions for Schedule C				
Enter the amount directly expended by the filing organization.	ation for section 527 exempt fun	ction		
activities	·		▶ \$ _	
2 Enter the amount of the filing organization's funds contri	buted to other organizations for	section .	_	
527 exempt function activities	-		▶ \$ _	
3 Total of direct and indirect exempt function expenditures	. Add lines 1 and 2 and enter he	ere and		
on Form 1120-POL, line 17b			▶ \$	
4 Did the filing organization file Form 1120-POL for this ye	ar?	•		Yes No
5 State the names, addresses and employer identification	number (EIN) of all section 527	political organizat	ions to which payments	
were made. Enter the amount paid and indicate if the an	nount was paid from the filing or	ganızatıon's funds	or were political	
contributions received and promptly and directly delivere	d to a separate political organiz	ation, such as a se	eparate segregated fund	Ī
or a political action committee (PAC) If additional space	is needed, provide information	ın Part IV.		
(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-
		_		
-				
DAA For Privacy Act and Paperwork Reduction Act Notice,	see the instructions for Form	990.	Schedule C (Form	n 990 or 990-EZ) 2008

Sche	edule C (Form 990 or 990-EZ) 2008 No.	rth Carolin	a Sheriffs'	ı	56-107994	3 Page 2
	art II-A To be completed by or	ganizations exer	npt under section	n 501(c)(3) that f		-
	(election under section			Schedule C for de	etails.	
	Check ▶ ☐ if the filing organiza					
В	Check ▶ ☐ if the filing organiza			ontrol" provisions	· -	
	(The term "expenditures"		paid or incurred.	) orga	(a) Filing anization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	ublic opinion (grass ro	oots lobbying)			
b	Total lobbying expenditures to influence a	legislative body (direct	ct lobbying)		217,087	
C	: Total lobbying expenditures (add lines 1a	and 1b)	•		217,087	
d	• • • •		•		1,435,657	
е	Total exempt purpose expenditures (add l	• •			1,652,744	
1	f Lobbying nontaxable amount. Enter the a	mount from the follow	ing table in both		020 627	
ſ	columns	7			232,637	
İ	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta				
ł	Not over \$500,000	20% of the amount or				
ł	Over \$500,000 but not over \$1,000,000	· · · · · · · · · · · · · · · · · · ·	the excess over \$500,000			
ł	Over \$1,000,000 but not over \$1,500,000		the excess over \$1,000.0			
	Over \$1,500,000 but not over \$17,000,000	T	the excess over \$1,500,00			
	Over \$17,000,000  Grassroots nontaxable amount (enter 25%)	\$1,000,000	<del></del>		58,159	- · · - · · · · · · · · · · · · · · · ·
_	Subtract line 1g from line 1a Enter -0- if li	•	. 2	•	0	<u>-</u>
	i Subtract line 1f from line 1c Enter -0- if li	•	•		Ö	
	If there is an amount other than zero on e			LE Form 4720 renortin	· ·	
,	section 4911 tax for this year?	itale inte in or line ii,	did the organization in	ic 1 0/11/1 47 20 (cportin)	9	Yes No
	, , , , , , , , , , , , , , , , , , ,	437 4 1				
	<b>10</b>		g Period Under S			- C
	(Some organizations tha					e tive
	columns below.	See the instructi	ions for lines 2a	inrough 21 of the	instructions.)	
	Lobi	bying Expenditu	res During 4-Yea	r Averaging Peri	od	·
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total
<b>2</b> a	Lobbying non-taxable amount	108,490	141,388	176,906	232,637	659,421
b	Lobbying ceiling amount (150% of line 2a, column(e))					989,132
c	: Total lobbying expenditures	45,200	83,239	152,256	217,087	
d	Grassroots non-taxable amount	27,123	35,347	44,227	58,159	164,856
е	Grassroots ceiling amount (150% of line 2d, column (e))					247,284

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Sch	edule C (Form 990 or 990-EZ) 2008 North Carolina Sheriffs'	6-1	<u>079</u>	943		Pa	age 3
P	art II-B To be completed by organizations exempt under section 501(c)(3) that have	NOT	filed	Form			
	5768 (election under section 501(h)). See the instructions for Schedule C for o	letails	S				
		(;	a)		(b)		
		Yes	No		Amou	nt	
1	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:		1				
a	•	<del> </del>	<u> </u>				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-					
C							
d							
е	•						
1							
g							
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	<u> </u>	-				
	Other activities? If "Yes," describe in Part IV			ļ			
ا	Total lines 1c through 1i	ŀ	l				
2a				ł			
	of if "Yes," enter the amount of any tax incurred under section 4912			ļ			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 504	1/->/5	L			•
۲	art III-A To be completed by all organizations exempt under section 501(c)(4), section	ท อบา	(C)(3	), or			
	section 501(c)(6). See the instructions for Schedule C for details.				1	V	
	Manager that the third the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o			Г		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			}	1		<del> </del>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			}	2		-
_ <u>3</u>	Did the organization agree to carryover lobbying and political expenditures from the prior year?  art III-B To be completed by all organizations exempt under section 501(c)(4), section	- E01	/ <sub>0</sub> \/5	<u>.</u>	3		<u> </u>
Г	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OF						
	question 3 is answered "Yes." See Schedule C instructions for details.		ar t 1111	,			
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of		<u> </u>				
_	political expenses for which the section 527(f) tax was paid).						
9	Current year		2a				
	Carryover from last year		2b	<u> </u>			
~	· Total		2c	i			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	Ì			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		۰				
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						
	and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5				
	art IV Supplemental Information			L			
	plete 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					
	, complete this part for any additional information						
,	Tomplete the part of any additional information						
	•						•
	•						
•			•				

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization Employer identification number North Carolina Sheriffs' 56-1079943 Association, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Heid at the End of the Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located 

\_ \_ \_ \_ \_ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 North Car	<u>colina Sheriff</u>	s'	<u> 56-10</u>	79943		Page 2
Pa	et III Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Other	Similar Assets	(contin	
3	Using the organization's accession and other items (check all that apply)	records, check any of the	following that are a	significant use of its	collection	_	
а	Public exhibition	d \ Loan o	or exchange program	ns			
b	Scholarly research	e Other	ononcingo program				
c	Preservation for future generations	0 0					
4	Provide a description of the organization's co	llections and explain how t	they further the orga	ınızatıon's exempt pu	urpose in		
5	During the year, did the organization solicit of	r receive donations of art, i	historical treasures,	or other similar	_	٧	Π.,.
Da	assets to be sold to raise funds rather than to				od "Vos" to For	Yes	∐ No
ra		<del>-</del>	•		ed les lo loi	111 990,	
_	Part IV, line 9, or reported				<del></del>		
та	Is the organization an agent, trustee, custodi	an or other intermediary to	r contributions or oti	ner assets not	_	١.,	□
	included on Form 990, Part X?				L	Yes	L No
þ	If "Yes," explain the arrangement in Part XIV	and complete the following	g table				
						Amoun	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line 21?				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV						_
Pa	rt V Endowment Funds. Comp	lete if organization a	nswered "Yes"	to Form 990, Pa	art IV, line 10.		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance	-					
b							*****************************
~	Investment earnings or losses					-	
ا							
u	Grants or scholarships					-	
е	Other expenditures for facilities						
_	and programs						·····
f	Administrative expenses		·····				
g	End of year balance			<u> </u>	1		
2	Provide the estimated percentage of the year	r end balance held as					
а	Board designated or quasi-endowment   _	%					
b	Permanent endowment ▶ %						
С	Term endowment ▶ %						
3a	Are there endowment funds not in the posses	ssion of the organization th	at are held and adn	ninistered for the			
	organization by:						Yes No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations		•		• •	3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required on Sch	edule R?		•	3b	
4	Describe in Part XIV the intended uses of the						
Ps	ert VI Investments—Land, Build			0 Part X line 1	0		
	Description of investment	(a) Cost or other basis	(b) Cost or ot		preciation	(d) Book	value
	becompact of integration	(investment)	basis (other	, ,	F. 2 3 12 10 11	(±, 200k	. 2.20
4-	Lond	(		<i>'</i>			
	Land		+				
	Buildings		<del> </del>	<del></del>			
	Leasehold improvements		<del> </del>	055	40 701		10 54
	Equipment		259	, 955	46,194	2:	<u>13,761</u>
	Other	<u> </u>					
ota	I. Add lines 1a-1e. (Column (d) should equal F	orm 990, Part X, column (	B), line 10(c) )	· ··	<b>•</b>	2:	<u>13,761</u>

Schedule D (Form 990) 2008 North Carolina Sherif	<u>fs'</u>	56-1079943	Page 3
Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market	value
Financial derivatives and other financial products			<u> </u>
Closely-held equity interests .	ļ	· · · · · · · · · · · · · · · · · · ·	
Other			
	<del></del>		
			<del></del>
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
Total (Online) (b) should a wall from OOO Ded V and (D) loo 40 \		······································	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)  Part VIII Investments—Program Related. See Form 99	I III III III III III III III III III		
(a) Description of investment type	(b) Book value	(c) Method of valuation	<del></del>
(a) Description of investment type	(b) book value	Cost or end-of-year market	
	<del> </del>		
	<del> </del>		
	<del>                                     </del>		
	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	
		<del></del>	<del> </del>
	<del>                                     </del>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(t	) Book value
			<u> </u>
			•
	•		
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	-	<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 2	,		<u></u>
(a) Description of liability	(b) Amount		
Federal income taxes			
Deferred Sheriff's Dues	72,303		
Note Payable - GMAC	28,970		
Due to US Attorney's Office	26,519		
Customer advances	24,500		
Accrued scholarship	6,000		
Current Portion of LT Debt			
LT Debt			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	158,292	- <del></del>	
In Part XIV, provide the text of the footnote to the organization's financial sta	tements that reports the org	anızatıon's lıabilıty for	
uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2008 North Carolina Sheriffs'		<u> 56-107994</u>	<u>3</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Finar	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2,447,286
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	2,656,994
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-209,708
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	-305,840
9	Total adjustments (net) Add lines 4-8			9	-305,840
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	-515,548
Pa	Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	2,056,144
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			l
b	Donated services and use of facilities	2b			l
С	Recoveries of prior year grants	2c			l
d	Other (Describe in Part XIV)	2d	-391,142		l
е	Add lines 2a through 2d			2e	-391,142
3	Subtract line 2e from line 1		·	3	2,447,286
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		·	5	2,447,286
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses per F	Retur	'n
1	Total expenses and losses per audited financial statements			1	2,571,692
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	2,571,692
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	85,302		
С	Add lines 4a and 4b		•	4c	85,302
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		•	5	2,656,994
	rt XIV Supplemental Information		<u> </u>		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	nes 1a	and 4. Part IV. lines 1b		
	b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d				
	Part XI, Line 8 - Reconcilation of Changes				
_	Current_Year_Grant_Receivables			_	58,942
_					72,441
_1	Prior_Year Grants_Receivables			\$_	450,222
_(	Current Year Prepaid Dues			\$_	
_1	Book / Tax Depreciation Difference				85,302
_		<b>. –</b> .		_	

Schedule D (Form 990) 2008 NOrth Carolina Sheriiis	56-10/9943	Page 5
Part XIV Supplemental Information (continued)		
_Part XII, Line 2d - Revenue Amounts Included i	in <u>Financials - Ot</u>	h <u>er</u>
_Current_Year_Grant_Receivables	\$	_ 58,942 _
Prior Year Prepaid Dues		_ 72,441 _
_Prior_Year_Grants_Receivables	\$	_450,222_
_Current_Year Prepaid Dues	\$	72,303
Part XIII, Line 4b - Expense Amounts Included	on_Return - Other	
_Book / Tax Depreciation Difference		_ 85,302 _

#### SCHEDULE J (Form 990)

Part I

Compensation Information or certain Officers, Directors, Trustees, Key Employees, an

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization North Carolina Sheriffs'

Association, Inc.

**Questions Regarding Compensation** 

Employer identification number 56–1079943

			Yes	No
	Oh all the appropriate hearing \ file appropriate appropriate for the following file of the control of the following file of the control of the following file of the control of the following file of the control of the following file of the control of the control of the following file of the control of the following file of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study  X Approval by the board or compensation committee			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		_X_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of	_		37
	The organization?	_5a		X
b	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			v
	·	6a		<u> </u>
D	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			
7		.,		x
_	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe	ا		х
	ın Part III	8		

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

Schedule J (Form 990) 2008

6949 01/19/2010 1 28 PM

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed 56-1079943 Schedule J (Form 990) 2008 North Carolina Sheriffs Part II Officers, Directors, Trustees, Key Employees, and

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdowr	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits		reported in pnor Form 990 or Form 990-EZ
Edmond W. Caldwell, Jr.	246,17	0	2,014	006′9	25,41	280,50	247,077
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(C) (S)	- <del>-</del>						٠
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	1					Schedule	Schedule J (Form 990) 2008

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Schedule J (Form 990) 2008 North Carolina Sheriffs'
Part III Supplemental Information

56-1079943

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

for any additional information

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public

Inspection

Name of the organization

North Carolina Sheriffs Association, Inc.

Employer identification number 56–1079943

Amended Return Explanation

Officer compensation amounts were incorrect on original 990

Form 990, Part III, Line 4d - All Other Achievements

Honorary Membership Support and Education - Promotes and

operates the Honorary Membership program, including

periodic informational mailings to the members

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The Association was organized under Chapter 55B of the NC General Statutes,

The Nonprofit Corporation Act. All Sheriffs within the State of North

Carolina are eligible to become members of the Association upon payment of prescribed dues.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Membership into the Association is automatically granted to all Sheriffs

upon the payment of prescribed dues. There is no election required for

membership into the Association itself.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 The Association's Form 990 is prepared by an independent third party and examined by the Association's executive vice president and general counsel before filing. Copies of Form 990 are kept at the Association offices and made available to members of the governing board.

Name of the organization

North Carolina Sheriffs'

Employer identification number

56-1079943

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All employees are required to sign acknowledgment of receipt of the

Association's written conflict of interest policy which requires immediate

disclosure of interests that could give rise to conflicts. The conflict of

interest policy is read at the beginning of each meeting of the governing

board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation of the executive vice president and general counsel is approved by the governing board based upon an examination of compensation data gathered for comparable positions within the industry and the Association's geographical area.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Copies of governing documents are available for inspection upon request at the Association's office.

Form 4562

Department of the Treasury Internal Revenue Service

#### Depreciation and Amortization

See Stmt (Including Information on Listed Property)

OMB No. 1545-0172

► See separate instructions. ► Attach to your tax return. North Carolina Sheriffs' Identifying number Name(s) shown on return 56-1079943 Association, Inc. Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 250,000 1 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 86,814 during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 7,363 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 9,512 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in (business/investment use only-see instructions) (e) Convention (f) Method (g) Depreciation deduction penod service 19a 3-year property 6,159 200DB 5.0 HY ь 5-year property 58,902 200DB HY 7-year property 10-year property d 15-year property 20-year property 25-year property 25 yrs S/L h Residential rental S/L 27 5 yrs MM property 27 5 yrs MM S/L 39 yrs MM Nonresidential real S/L property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L S/L 40-year 40 yrs MM

Summary (See instructions.) 21 Listed property Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

10,960

124,294

21

22

23

Part IV

Form	4562 (2006	3) •						_								Page 2
P:	art V	Listed Property use Note: For any ve 24a, 24b, colum	ehicle for which y	nment, re	ecreation the stan	n, or a	amuse	ement. ate or de	) educting l	ease e	-			ompute	ers, and	d
Sec	tion A—De	epreciation and O									mobiles	)				
24a		ive evidence to suppo					Yes	No			" is the e		written?	<del></del> -	X Yes	No
Туре	(a) of property vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or bas	) other	Bası	(e) s for depr iness/inv use only	eciation estment	(f) Recovery period	, \	(g) Method/ onvention		(h) Depreciat deduction	tion	(I Elec	ted on 179
25	- •	depreciation allow	ance for qualified		• •			nng the	tax		2!	5	4	,757		
<del></del>		used more than 5				101.000						<del></del>			<u> </u>	*********
		hevy Taho			8,773		38	,773	5.0	20	ODBH	Y	6	,203		
2	008 C	hevy Taho 10/30/08	e		2,520			,763			ODBH			7= • •		
27	Property	used 50% or less		•		<u> 1                                   </u>		<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	<u> </u>				1	
<u> 21</u>	Froperty	used 50 % of less	%	isii less use.						S/I	  -					
									-	<del>                                     </del>					1	
			%							S/I	L-					
28	Add amo	ounts in column (h	), lines 25 throug	gh 27 Enter	here and	on line	21, pag	je 1			28	3	10	,960		
29	Add amo	ounts in column (i)	, line 26 Enter h	ere and on	line 7, pag	je 1								29		
				Sec	tion B—Ir	nforma	tion on	Use of \	Vehicles							
		section for vehicle ehicles to your emplo											nose veh	ıcles		
30	30 Total business/investment miles driven				(a)		(	b)	(c	)	(	d)		(e)	(f)	
during the year (do not include commuting Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 miles)							Vehicle 6									
31	Total co	mmuting miles driv	ven during the ye	ear												
32	Total oth	ner personal (nonc	commuting) miles	driven											ļ	
33	Total mi	les driven dunng ti	ne year Add													
		through 32						,	<u> </u>		<u> </u>	1		1		1
34		vehicle available ng off-duty hours?	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the	vehicle used prim	anly by a						<u> </u>		1					
	more tha	an 5% owner or re	lated person?								<u> </u>			<u> </u>		
<u>36</u>	Is anoth	er vehicle available					L	<u> </u>	<u> </u>		1			<u> </u>		l
		questions to deter 5% owners or rela	-	t an exception	on to com					•						
HOL	illore triair	3 /6 OWITETS OF TELE	ated persons (se	e msuucuoi	13)										Yes	No
37	Do vou r	naintain a written i	policy statement	that prohibi	ts all pers	onal us	se of vel	nicles, in	icludina d	ommu	tına, by v	our emi	olovees'	?	1	X
38	-	naıntaın a written														
	=	instructions for ve	-								• •					X
39	Do you t	reat all use of veh	cles by employe	es as perso	nal use?					•	•					X
40	Do you p	provide more than	five vehicles to	our employ	ees, obtai	n infor	mation f	rom you	r employ	ees abo	out					
	the use	of the vehicles, an	d retain the infor	mation rece	ived?						•					X
41		neet the requirem														Х
		your answer to 37.		1 is "Yes," o	to not con	nplete	Section	B for the	covered	vehicle	es				<u> </u>	L
	art VI	<u>Amortization</u>	<u>,                                     </u>			1			1		7	(e)				
		(a) Description of costs	<b>s</b>	(b) Date amo begi	rtization		Amo	(c) ortizable nount		(d Co sect	de	Amortiza period percent	ition or	Am	(f) iortization t this year	for
42	Amodic					Inct-						PoroGill	-90			
42	AITIONIZ	ition of costs that	vegins aunng yo	ui ZUUB IAX	year (See	T	Juoris)									
		<del></del>				<u> </u>										
43		ition of costs that	-			to	ort			•			43			
44	i Ulai. Al	dd amounts in colu	ann <u>o (i)</u> See tile	<u></u>	אווש יטי	_io_rep	OIL				<u> </u>		_ <del></del>			

Form **8824** 

#### **Like-Kind Exchanges**

#### (and section 1043 conflict-of-interest sales)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service

Name(s) shown on tax return North Carolina Sheriffs'

Association, Inc.

Identifying number

A	ssociation, Inc.	56·	-107	9943	
	art Information on the Like-Kind Exchange				
1	Note: If the property described on line 1 or line 2 is real or personal property located outside Description of like-kind property given up 2005 Chevy Tahoe	the United States, indicate	e the co	ountry.	
2	Description of like-kind property received 2008 Chevy Tahoe				
3	Date like-kind property given up was originally acquired (month, day, year)		3	8/	10/06
4	Date you actually transferred your property to other party (month, day, year)		4	10/	30/08
5	Date like-kind property you received was identified by written notice to another party (month, day, year) See instructions for 45-day written notice requirement		5	10/	30/08
6	Date you actually received the like-kind property from other party (month, day, year). See ins	structions	6	10/	30/08
7	Was the exchange of the property given up or received made with a related party, either dire (such as through an intermediary)? See instructions If "Yes," complete Part II If "No," go to			Yes	X No
P	art II Related Party Exchange Information				
8	Name of related party Relate	onship to you	Rela	ited party's identifyi	ng number
	Address (no , street, and apt , room, or suite no , city or town, state, and ZIP code)				
9	During this tax year (and before the date that is 2 years after the last transfer of property that exchange), did the related party sell or dispose of any part of the like-kind property received intermediary) in the exchange or transfer property into the exchange, directly or indirectly (su intermediary), that became your replacement property?	from you (or an		Yes	☐ No
0	During this tax year (and before the date that is 2 years after the last transfer of property that exchange), did you sell or dispose of any part of the like-kind property you received?	t was part of the		Yes	☐ No
	If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and redeferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies.				
1	If one of the exceptions below applies to the disposition, check the applicable box.				
а	The disposition was after the death of either of the related parties.				
b	The disposition was an involuntary conversion, and the threat of conversion occurred after	ter the exchange			
С	You can establish to the satisfaction of the IRS that neither the exchange nor the disposing principal purposes. If this box is checked, attach an explanation (see instructions).	ition had tax avoidance as	one of	ıts	

Name(s) shown on tax return. Do not enter name and social security number if shown on other side

Your social security number

-	orth Carolina Sheriffs'		F6 107004	3
	ssociation, Inc.  art III Realized Gain or (Loss), Recognized Gain, and Basis	of Like Kind Prop	56-107994	<u> </u>
	art III Realized Gain or (Loss), Recognized Gain, and Basis Caution: If you transferred and received (a) more than one group of like-kind pro			
	Reporting of multi-asset exchanges in the instructions	perties or (b) cash or off	ter (flot like-killa) property,	see
	Note: Complete lines 12 through 14 only if you gave up property that was not lik	e-kind Otherwise an to	line 15	
12	Fair market value (FMV) of other property given up	12		
13	Adjusted basis of other property given up	13		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 1			
•	or (loss) in the same manner as if the exchange had been a sale	<b></b>	14	
	Caution: If the property given up was used previously or partly as a home, see F	Property used as		
	home in the instructions			
15	Cash received, FMV of other property received, plus net liabilities assumed by o	ther party,		
	reduced (but not below zero) by any exchange expenses you incurred (see instru	uctions)	15	
16	FMV of like-kind property you received		16	48,696
17	Add lines 15 and 16		17	48,696
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party	, plus any		
	exchange expenses not used on line 15 (see instructions)		18	42,520
19	Realized gain or (loss). Subtract line 18 from line 17		19	6,176
20	Enter the smaller of line 15 or line 19, but not less than zero		20	C
21	Ordinary income under recapture rules Enter here and on Form 4797, line 16 (s	ee instructions)	21	
22	Subtract line 21 from line 20 If zero or less, enter -0 If more than zero, enter he	ere and on		
	Schedule D or Form 4797, unless the installment method applies (see instruction	ns)	22	
23	Recognized gain. Add lines 21 and 22		23	
24	Deferred gain or (loss) Subtract line 23 from line 19. If a related party exchange	, see instructions	24	6,176
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18		25	42,520
<u>P</u>	art IV Deferral of Gain From Section 1043 Conflict-of-Intere	st Sales	<del></del>	<del></del>
26	requirements. This part can be used <b>only</b> if the cost of the replacement property.		if the divested property	
26	Enter the number from the upper right corner of your certificate of divestiture (D	o not attach a copy		
~~	of your certificate. Keep the certificate with your records )			
27	Description of divested property ►			
28	Description of replacement property ►		•	
29	Date divested property was sold (month, day, year)	1 1	29	
30	Sales price of divested property (see instructions)	30		
31	Basis of divested property	31	<del></del>	
	<b>.</b>			
32	Realized gain. Subtract line 31 from line 30	· 1 1	32	
33	Cost of replacement property purchased within 60 days after date of			
	sale <sub>.</sub>	33		
				•
34	Subtract line 33 from line 30. If zero or less, enter -0-		. 34	
35	Ordinany income under recenture miles. Enter here and an Earth 4707, him 40 (-	oo instaletiens)	25	
35 36	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (s.	•	35	
36	Subtract line 35 from line 34 If zero or less, enter -0- If more than zero, enter he	are and on	36	r
	Schedule D or Form 4797 (see instructions)		36	
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32		37	
٠.	23.57.54 gam. Cubhact the 30m of times 35 and 35 from time 32	•	3'	
38	Basis of replacement property. Subtract line 37 from line 33		38	

6949 North Carolina Sheriffs' 56-1079943

FYE: 12/31/2008

## **Federal Statements**

1/19/2010 1:28 PM

Cash
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Description	Amount	
Wachovia Checking Restricted Cash - US Attorney'	\$	594,881 26,519
Total	\$	621,400

#### **Accounts Receivable**

Description	An	nount
Employee Advance	\$	29
Total	\$	29

#### **Accounts Payable**

Description	<u></u>	Amount
Accounts Payable Wachovia Credit Card	\$	5,663 6,512
Total	\$	12,175

Description	<u>-</u>	Amount	
Accounts Payable Wachovia Credit Card	\$	35,337 11,012	
Total	\$	46,349	

#### **PY Compensation & Benefits**

Description	 Amount	
Salaries & Labor Payroll Related Expenses	\$ 552,854 78,728	
Total	\$ 631,582	