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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008

Open to Public Inspection

A For 2008 calendar year, or tax year beginning JANUARY 01 , 2008, and ending DECEMBER 31 , 20 08

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [X] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Ada County Sheriff Employees' Association

No. & street (or P.O box, if mail is not delivered to street address) Room/suite
PO Box 45009

City or town, state or country, and ZIP + 4
Boise ID 83711

D Employer identification number
82-0472093

E Telephone number
(208)577-3012

F Group Exemption Number. . . . ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: [ ] Cash [X] Accrual Other (specify) ▶

I **Website:** ▶N/A

H Check▶ [X] if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

J **Organization type** (check only one) -- [X] 501(c)(4) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ . ▶ $ 180,690

SCANNED DEC 10 2010

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	12,288
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	49,333
	4	Investment income		4	6,512
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here▶ [ ]			
	a	Gross revenue (not including $ 12,288 of contributions reported on line 1)	6a	110,594	
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	110,594
	7a	Gross sales of inventory, less returns and allowances	7a	1,963	
	b	Less: cost of goods sold	7b	1,963	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). #1		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	178,727
EXPENSES	10	Grants and similar amounts paid (attach schedule) #2		10	19,771
	11	Benefits paid to or for members		11	51,792
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	97,615
	14	Occupancy, rent, utilities, and maintenance		14	168
	15	Printing, publications, postage, and shipping.		15	32
	16	Other expenses (describe ▶ See attachment #3)		16	27,742
	17	**Total expenses.** Add lines 10 through 16 ▶		17	197,120
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-18,393
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	192,983
	20	Other changes in net assets or fund balances (attach explanation) #4		20	-1,617
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	172,973

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See instructions for Part II.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	183,235	22	165,516
23 Land and buildings		23	
24 Other assets (describe ▶ See attachment #5)	9,748	24	7,457
25 **Total assets**	192,983	25	172,973
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	192,983	27	172,973

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990. Form **990-EZ** (2008)

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23 P

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

What is the organization's primary exempt purpose? See attachment #6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)

28 See attachment #7

(Grants $ 13,500) If this amount includes foreign grants, check here ▶ ☐ **28a** 13,500

29

(Grants $ 6,100) If this amount includes foreign grants, check here ▶ ☐ **29a** 6,100

30

(Grants $ 171) If this amount includes foreign grants, check here ▶ ☐ **30a** 171

31 Other program services (attach schedule)

(Grants $ 49,333) If this amount includes foreign grants, check here ▶ ☐ **31a** 51,792

32 Total program service expenses (add lines 28a through 31a) ▶ **32** 71,563

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instr. for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #8				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ ID			
42a	The books are in care of ▶ See attachment #9 Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

▶ Signature of officer — Date 11/5/10

▶ Susan Romero — Co-Treasurer

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶		Date 11/11/2010	Check if self-employed ▶ ☐	Preparer's Identifying No. (See instr.)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Berrett Tax & Finance, Inc. 2484 N STOKESBERRY PL STE 100 Meridian, ID 83646-		EIN ▶	
			Phone no. ▶	208- 887-1817

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization
Ada County Sheriff Employees' Association

Employer identification number
82-0472093

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☒ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund-raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Idaho Entertainemen Events, LLC	Celebrity Basketball Event		X	122,882	82,576	40,306
Total ▶				122,882	82,576	40,306

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

ID

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Celebrity (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col (c))
REVENUE	1 Gross receipts	122,772			122,772
	2 Less: Charitable contributions	12,288			12,288
	3 Gross revenue (line 1 minus line 2)	110,484			110,484
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	6,705			6,705
	7 Other direct expenses	84,374			84,374
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(91,079)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				19,405

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) thru col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes ____ % X No	Yes ____ % X No	Yes ____ % X No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities.			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		X
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

				Yes	No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶ See Attachment #10				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			15a	X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c	If "Yes," enter name and address				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ $ _____				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			17a	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

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

Ada County Sheriff Employees' Association

Employer identification number

82 : 0472093

Form 990-EZ Part 1

The return was amended to allocate the charitable portion of the special event revenues from Form 990, Page 1, Line 6a to contributions on Line 1.

Schedule G

Schedule G, Parts 1,2, and 3 were updated to reflect the details of the entities special fundraising event.

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 7 **Keep for Your Records**

Keep For Your Records | **For calendar year 2008 or tax period beginning** 01-01-2008 **, and ending** 12-31-2008.

Name of Organization
Ada County Sheriff Employees' Association

Employer Identification Number
82-0472093

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
Movie tickets	1,963	1,963	
Total	1,963	1,963	

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2008, or tax year period beginning 01-01-2008 **and ending** 12-31-2008.

Name of Organization
Ada County Sheriff Employees' Association

Employer Identification Number
82-0472093

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
	Scholarships - under 5k per school , , , Various individual donations , , , Grants - under 5k per organization , , ,	13,500 171 6,100	
		19,771	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
			tuition cost	tuition cost	
		13,500	cost	cost	2008-12
		171	cost	cost	2008-12
		6,100			2008-12
	Total	19,771			

SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection

For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.

Name of Organization	Employer Identification Number
Ada County Sheriff Employees' Association	82-0472093

Description of Other Expenses	Amount
Advertising	2,427
Vehicle expense	16,803
Depreciation	2,745
Bank fees	214
Computer maintenance	3,839
General repairs and maintenance	153
Volunteer meals	112
Miscellaneous	345
Supplies	1,104
Total	27,742

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 20

Open to Public Inspection

For calendar year 2008 or tax period beginning 01-01-2008, **and ending** 12-31-2008.

Name of Organization
Ada County Sheriff Employees' Association

Employer Identification Number
82-0472093

Description of Changes	Total Amount
Equity adjustment from 2007	-1,617
Total	-1,617

SCHEDULE OF OTHER ASSETS

Attachment 5: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection

For calendar year 2008 or tax period beginning 01-01-2008, **and ending** 12-31-2008.

Name of Organization
Ada County Sheriff Employees' Association

Employer Identification Number
82-0472093

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Inventory	908	1,361	
Equipment	8,840	6,096	
Totals	9,748	7,457	

PRIMARY EXEMPT PURPOSE

Attachment 6: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 01-01 , and ending 12-31-2008.

Name of Organization	Employer Identification Number
Ada County Sheriff Employees' Association	82-0472093

Primary Purpose

The purpose of the association is as follows: (1) Liaison between the Ada County Sheriff's Office and it's employees (2) Promote goodwill with the public (3) Support general education of youth (4) Fund other noble non-profit causes (5) Provide members of the association benefits and social support.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.	
Name of Organization		**Employer Identification Number**
Ada County Sheriff Employees' Association		82-0472093

Part III - Statement of Program Service Accomplishments

Grants and allocations	13,500	Amount includes foreign grants	Program service expenses	13,500

Exempt Purpose Achievements

Post-secondary Education Scholarship Program Award scholarships for acheiving and financially needy youth

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.

Name of Organization	Employer Identification Number
Ada County Sheriff Employees' Association	82-0472093

Part III - Statement of Program Service Accomplishments

Grants and allocations	6,100	Amount includes foreign grants	Program service expenses	6,100

Exempt Purpose Achievements

Funds allocated to worth non-profit organizations

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.	
Name of Organization		**Employer Identification Number**
Ada County Sheriff Employees' Association		82-0472093

Part III - Statement of Program Service Accomplishments

Grants and allocations	171	Amount includes foreign grants	Program service expenses	171

Exempt Purpose Achievements

Giving to individuals with emotional and financial needs.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 4 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.	
Name of Organization		**Employer Identification Number**
Ada County Sheriff Employees' Association		82-0472093

Part III - Statement of Program Service Accomplishments

Grants and allocations	49,333	Amount includes foreign grants	Program service expenses	51,792

Exempt Purpose Achievements

Combined member benefits

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 8: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection

For calendar year 2008 or tax period beginning 01-01-2008, **and ending** 12-31-2008.

Name of Organization
Ada County Sheriff Employees' Association

Employer Identification Number
82-0472093

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp	(E) Expense Account & Other Allowances
Megan Degroat 14958 Hillside Dr. Caldwell, ID 83607	Co-Treasurer 2.00	0	0	0
Matthew Clifford 9243 W. Woodlark Boise, ID 83709	Vice President 1.00	0	0	0
Mike Kinzel 13223 W. Passage Ct. Boise, ID 83713	President 1.00	0	0	0
Susan Romero 6526 S. Lunar Boise, ID 83709	Co-treasurer 2.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 9 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.	
Name of Organization		**Employer Identification Number**
Ada County Sheriff Employees' Association		82-0472093

Part V - Line 42a

Individual Name .. .. Megan Degroat

or

Business Name:

Street Address ... . 14958 Hillside Dr.

U S Address:

Zip code 83607 City Caldwell State ID

or

Foreign Address

City .. .. _____

Province or State .. .. _____

Country .. .. ___

Postal code .. . . _____

Phone Number . ... (208)577-3000

Fax Number . ... (208)577-3009

GAMING/SPECIAL EVENTS BOOKS AND RECORDS

Attachment 10: Sch G Page 3, Part III, Line 14

Open to Public Inspection	For calendar year 2008 or tax period beginning 01-01-2008, and ending 12-31-2008.

Name of Organization	Employer Identification Number
Ada County Sheriff Employees' Association	82-0472093

Part III - Line 14

Individual Name or Business Name: Megan Degroat

Street Address: 14958 Hillside Dr.

U S. Address

Zip code: 83607 City: Caldwell State: ID

or

Foreign Address

City:

Province or State:

Country:

Postal code:

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Ada County Sheriff Employees'	FOR FORM 990	82-0472093

Part I 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	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000

6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
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	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	2,745
18 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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed In Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	21	
22 **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 instructions	22	2,745
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

STATEMENT #1 - Contributions, gifts, grants (EZ1 PF1 Line 1)

Special events	12,288	
Other donations		
TOTAL CARRIED TO EZ1 PF1 Line 1		12,288

STATEMENT #2 - Benefits Pd to or For Members (990-EZ PG 1 Line 11)

Entertainment	15,778	
Gifts	13,074	
Insurance	22,640	
Training	300	
TOTAL CARRIED TO 990-EZ PG 1 Line 11		51,792

STATEMENT #3 - Professional Fees (990-EZ PG 1 Line 13)

Legal and accounting	6,535	
Outside fundraising expenses	91,080	
TOTAL CARRIED TO 990-EZ PG 1 Line 13		97,615

STATEMENT #4 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

PO Box	168	
TOTAL CARRIED TO 990-EZ PG 1 Line 14		168

STATEMENT #5 - Revenues included (SCH D, PG 1 Ln 1b(i))

Celebrity Weekend Sports Event	110,594	
TOTAL CARRIED TO SCH D, PG 1 Ln 1b(i)		110,594

STATEMENT #6 - ( )

	Beginning	Ending
Bank	20,360	0
Cash	104	0
TOTAL CARRIED TO	20,464	0

STATEMENT #7 - Rent/Facility costs (Sch G, Part II Line A-6)

Utilities	1,105	
Rent	5,600	
TOTAL CARRIED TO Sch G, Part II Line A-6		6,705

STATEMENT #8 - Other Direct expenses (Sch G, Part II Line A-7)

Entertainment	260	
Event services	63,256	
Meals	143	
Postage	12,564	
Printing	1,022	
Telemarketing	6,273	
Transportation	856	
TOTAL CARRIED TO Sch G, Part II Line A-7		84,374