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6949 05/11/2610

Form

Department of the Treasury

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)

OMB No 1545-0047 2009 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection For the 2009 calendar year, or tax year beginning and ending North Carolina Sheriffs Please Employer identification number Check if applicable C. Name of omanization use IRS Association, Inc. Address change label or 56-1079943 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 919-743-7433 P.O. Box 20049 Specific Termination 2,299,825 City or town, state or country, and ZIP + 4 G Gross receipts \$ Raleigh NC 27619-0049 Amended return tions Name and address of principal officer H(a) Is this a group return for Application pending Edmond W. Caldwell, affiliates? H(b) Are all affiliates included? P.O. Box 20049 NC 27619-0049 Raleigh If "No," attach a list (see instructions) 3) **◄** (insert no.) X 501(c) (4947(a)(1) or Tax-exempt status www.ncsheriffs.org **H(c)** Group exemption number ▶ Type of organization X Corporation Trust 1980 NC M State of legal domicile Year of formation Part I Summarv Briefly describe the organization's mission or most significant activities: To support the Sheriffs of North Carolina and their purpose. SCANNED JUN 3 0 2010.... Activities & Governance 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 13 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 767,915 637,573 Contributions and grants (Part VIII, line 1h) 1,665,116 1,649,457 Program service revenue (Part VIII, line 2g) 1,749 5,200 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,046 9,055 11 Other revenue (Part VIII, column (A), lines 5, 60, 6, 9, 9, 12 Total revenue – add lines 8 through 11 must equal Part 2,299,825 2,447,286 (A), line 12' 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (PERX, caller n (A), (in 20)10 15 Salaries, other compensation, employee benefits (Part IX, column A, lines 5–10) 949,822 920,152 16a Professional fundraising fees (Part IX, column (A) time (11e) 788,381 b Total fundraising expenses (Part IX, column 1,736,842 1,546,256 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,656,994 2,496,078 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -196,253 -209,708 19 Revenue less expenses Subtract line 18 from line 12 58 Beginning of Current Year End of Year 894,132 1,100,464 20 Total assets (Part X, line 16) 204,641 297,369 21 Total liabilities (Part X, line 26) 689,491 803,095 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 and belief, it is true Sign Here Signature of officer Executive VP & General Counsel Edmond W. Type or print name and title Preparer's identifying number Check if Preparer's self-Paid signature 05/11/10 P00105848 Jon A. Lund employed > Preparer's 56-2034483 Perkins, Lund, Collar & Associates PLLC EIN Firm's name (or yours **Use Only** 2607 Oberlin Rd Ste 104 if self-employed). **▶** 919-781-1721 address, and ZIP + 4 27608-1320 Raleigh, NC

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

X Yes

Ì

						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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				1		
	candidates for public office? If "Yes," complete Schedule C, Part I			ļ	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
	Schedule C, Part II				4	<u> </u>	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
	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 similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part I			ļ	6	_	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						l
	complete Schedule D, Part III				8		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,"						7.
	complete Schedule D, Part IV				9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				4.0		₹.
	quasi-endowments? If "Yes," complete Schedule D, Part V				10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				44	x	
	VII, VIII, IX, or X as applicable		٠		11		
,	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Cabadula D. Battill						
	Schedule D, Part VI.						
,	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of the total passets reported in Part X, line 162 if "Yes," complete Schedule D. Part VII.						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more						
,	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII						
	 Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets 						
,	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	,					
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	es					
,	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
-	Schedule D, Parts XI, XII, and XIII.				12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X
14a					14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,						
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any						
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		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				16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				'	}	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on						
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?						
	If "Yes," complete Schedule G, Part III			ł	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20	L	X

Form 990 (2009) North Carolina Sheriffs' 56-1079943 Page 4 **Checklist of Required Schedules (continued)** Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K. If "No." go to line 25 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c X X 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 30 X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 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 Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

197 Note. All Form 990 filers are required to complete Schedule O.

X Form 990 (2009)

38

Pa	ert V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	•				
	U.S. Information Returns. Enter -0- if not applicable	1a 5 1b 0			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable		x	
	gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_{2a} 13			
_	Statements, filed for the calendar year ending with or within the year covered by this return	<u> </u>		x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	• •	20		_
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	ed hv			
Ja	this return?	a by	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	•	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin				
	account)?		4a		х
b	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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region	arding			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne			ļ
	organization solicit any contributions that were not tax deductible?		6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?	•	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			.,
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as			x
	required to file Form 8282?	7d	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p benefit contract?	reisonai	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0				
	required?		7h		х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		_9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter	1 1			
a	Gross income from members or shareholders	11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
46	amounts due or received from them)	11b	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I I	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Eom	gan	(2009)
			FUIII		(2000)

Form 990 (2009) North Carolina Sheriffs' 56-1079943 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members X 7a of the governing body? X 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 11a 12a X Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NC 17 Section 6104 requires an organization to make its Forms 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 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.

Form 990 (2009)

Raleigh

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons

Check this box if the organization	n did not compe	nsat	e any	/ cur	rent	office	er, d	rector, or trustee		
(A)	(B)	L			C)			(D)	(E)	(F)
Name and Title	Average hours per week	individual trustee		Officer		Highest compensated employee	ply 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
Sheriff Steve Bi:	zell									*
Exec Comm	3.00							0	0	0
Sheriff Wayne Gay										
Exec Comm	3.00	<u> </u>						0	0	0
Sheriff W.E. "Bil	ly" Smi	th.								
Exec Comm	3.00							0	0	0
Sheriff Earl R. I	utler									
Exec Comm	3.00]		0	0	0
Sheriff Worth Hi	11									
Exec Comm	3.00				l			0	0	0
Sheriff Dane Mas	tin									
Exec Comm	3.00							0	0	0
Edmond W. Caldwe	l, Jr.									
Exec VP	70.00			X				254,232	0	3 <u>5,233</u>
Sheriff Jerry G.	Monette								-	
Chaiman	5.00			X				0	0	0
Sheriff James L.	Knight									
President	5.00			X				0	0	0
Sheriff Samuel S	Page									
1st Vice Pres	3.00			X				0	0	0
Sheriff Richard V	Webster									
2nd Vice Pres	3.00			X				0	0	0
Sheriff Brad Rile	₽Y									
Sec/Treas	3.00			X				0	0	0
	0.00							0	0	0
	0.00			L		<u>L</u> _		0	0	0
	0.00							0	0	0
]									
		<u> </u>	<u> </u>							
	1				1					
	_	1	ŀ	1	1		1			

Pa	rt VII Section A. Officers	, Directors, Tru	stees	s, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)			
(A) ' (B) Name and Title Average hours per				Average Position (check all that apply) Reportable				(E) Reportable compensation	Esti	(F) mated ount of			
	week					Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	o comp fro orga and	ther ensation m the nization related nizations	
	·												
						_							
													
						_							
	• • •												
	•												
										-			
	·	<u> </u>	-										
1b	Total	1	<u> </u>		L			>	254,232			35,	233
2	Total number of individuals (in reportable compensation from	-			thos	e lis	ted a	bov	e) who received more than	\$100,000 in	-	<u> </u>	
3	Did the organization list any fo								oyee, or highest compensat	ted		Yes	
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related o	e 1a, is the sum	of re	porta	able	com	pens	atio	n and other compensation s," complete Schedule J fo	from r such	3		X
5	individual Did any person listed on line 1 services rendered to the organ									or	5		x
Sec	tion B. Independent Contract			IIDIC	<u> </u>	<u> </u>	uic 5	101	Such person				
1	Complete this table for your five compensation from the organic	zation.	ensa	ted i	nder	pend	lent c	ontr					
	Name and	(A) business address						<u> </u>	Descrip	(B) atton of services		(C) Compens	ation
										100			
										,—··		~	
2	Total number of independent of more than \$100,000 in compe						ed to	tho	se listed above) who receiv	ved		0	
DAA	more man \$ 100,000 in compe	msauon from the	orga	31 IIZ	uon						F		0 (2009)

Pa	irt V	III Staten	nent of Reve	nue				·		
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	10	Federated carr	nnaigne	12				revenue	<u> </u>	012, 010, 0/ 014
ant	la L	Membership di		1a 1b						
g,	b	•								
ifts Ir a	ا ا	Fundraising ev		1c						
s, g	a	Related organi		1d		620,173				
ons	e	Government grants (•	1e		620,173				
her	T	All other contribution and similar amounts				17 400				
it i				1f	<u> </u>	17,400				
Con	g	Noncash contribution		-11	\$		637,573			
Program Service Revenue Contributions, gifts, grants and other similar amounts	n	Total. Add line	5 Ia-II	-		Busn. Code	037,373			
nua	2-	Manhanah	D			Busii. Code	1,341,485	1,341,485		
Sev	2a b	Membersh	-	_ ===	_		160,232	160,232		
es	b		on & Meetin	g ree	15		146,956	146,956		
eι	d	Sheriffs			4 5		784	784		
E S	u	Accrual	to Cash - P	repai	.a Due		,01	704	1	
gra	•	All other progra	am service reve	nua						
Pro		Total. Add line		iiue		•	1,649,457			
_		Investment inc		divider	nds intere					
		other similar ar		a, v, a o,	100, 111010	> 0.1, u.1.0	1,749			1,749
	4		vestment of tax	-exem	ot bond o	roceeds •	,			'
	5	Royalties .			p. 55.12 p	•				· · · · · · · · · · · · · · · · · · ·
		[(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			•				
	7a	Gross amount from	(ı) Secunties	5	(11)	Other				
		sales of assets other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (los	ss)			•				
en	8a	Gross income fro	m fundraising eve	nts						
ne		(not including \$								
ě		of contributions re	eported on line 1c))						
F		See Part IV, line	18	а						
Other Reven		Less. direct ex		b						
٦		Net income or		1	events	<u> </u>				
	9a	Gross income fro		s						
		See Part IV, line		а						
		Less: direct ex		b		<u> </u>				
		Net income or		ing ac	tivities	<u> </u>				
	10a	Gross sales of	•							
		returns and allo		a						
		Less cost of g		b						
ŀ	С	Net income or			ventory	Duan Cada				
-	4.6		llaneous Revenue			Busn. Code	4 470	A 470		
	11a		Attorney In	come			4,470	4,470		
	b	•	Directory	_	_		3,900	3,900		
	C	•	al Merchandı	se Sa	ales		1,696 980	1,696 980		
	d e	All other revenue Total. Add lines					11,046			
	12		s Tra-Tro . See instructio	ns			2,299,825		0	1,749
	• •	- July 146 Tellue	. Joo manacuollo				-, <u>,</u> -20	_,,		

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must co				
	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.			general expenses	6APC11969
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				······································
2	the U.S See Part IV, line 22				
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				
5	Compensation of current officers, directors,				
	trustees, and key employees	258,589	219,801	25,859	12,929
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	574,322	488,173	57,432	28,717
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	58,063	49,354	5,806	2,903
10	Payroll taxes .	58,848	50,020	5,886	2,942
11	Fees for services (non-employees)				
а	Management	-			
b	Legal	64 001	FF 16F	6 401	2 245
С	Accounting	64,901	55,165	6,491	3,245
	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			•	
g	Other				
12	Advertising and promotion				
13	Office expenses Information technology				
14 15	Royalties				
16	Occupancy	88,397	83,093	3,536	1,768
17	Travel	26,241	26,241		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			1	
19	Conferences, conventions, and meetings	278,433	277,698	735	
20	Interest	4,369	3,714	437	218
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	102,532		102,532	
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	000 745			222 545
а	Printing	300,545	6 554	070	300,545
b	Postage	274,233	6,554	279	267,400
С	Fulfillment materials	82,543			82,543
d	Mailing Lists	82,431 55,216	E1 002	2 200	82,431
e	Office supplies & expense	55,216 186,415	51,903 172,759	2,209 12,020	1,104 1,636
	All other expenses	2,496,078	1,484,475	223,222	788,381
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following	2,430,010	1,404,413	223,222	100,301
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA			-··- <u>-</u> -		Form 990 (2009)

				(A) Beginning of year		(B) End of year		
14	Cash—non-interest bearing			621,400	1	496,572		
1	· ·	•	-	021,400	2	30,312		
2	Savings and temporary cash investments	• •	··	58,942	3	332,406		
3	Pledges and grants receivable, net		-	29		332,400		
4	Accounts receivable, net		·			······································		
5	Receivables from current and former officers, director		İ					
	employees, and highest compensated employees. C	omplete Part II of	ŀ	i	اہ			
	Schedule L		<u> </u>		5			
6	Receivables from other disqualified persons (as defin							
	4958(f)(1)) and persons described in section 4958(c)	(3)(B). Complete		1				
<u>.</u> .	Part II of Schedule L				6			
7	Notes and loans receivable, net				7			
7 8	Inventories for sale or use		-		8			
· 9	Prepaid expenses and deferred charges	1. 1	-		9			
10a	Land, buildings, and equipment cost or		277 205					
	other basis Complete Part VI of Schedule D	10a	377,325	212 761		265 074		
b	Less: accumulated depreciation	_10b	111,451	213,761	10c	265,874		
11	Investments—publicly traded securities		<u> </u>		11			
12	Investments—other securities. See Part IV, line 11		 		12			
13	Investments—program-related. See Part IV, line 11		13					
14	Intangible assets	-		14				
15	Other assets. See Part IV, line 11		-	004 100	15	5,612		
16	Total assets. Add lines 1 through 15 (must equal line	e 34)		894,132	16	1,100,464		
17	Accounts payable and accrued expenses		. -	46,349	17	28,113		
18	Grants payable	nts payable						
19	Deferred revenue .		L		19			
20	Tax-exempt bond liabilities		L		20			
21	Escrow or custodial account liability. Complete Part I	V of Schedule D	<u> </u>		21			
21 22	Payables to current and former officers, directors, tru	ıstees, key						
	employees, highest compensated employees, and d	ısqualified						
í	persons Complete Part II of Schedule L				22			
23	Secured mortgages and notes payable to unrelated t	third parties			23			
24	Unsecured notes and loans payable to unrelated thir	d parties	_		24			
25	Other liabilities Complete Part X of Schedule D			158,292	25	269,256		
26	Total liabilities. Add lines 17 through 25			204,641	26	297,369		
3	Organizations that follow SFAS 117, check here ▶	X and						
:	complete lines 27 through 29, and lines 33 and 34							
27	Unrestricted net assets	ě	L	631,770	27	659,095		
28	Temporanly restricted net assets			57,721	_28	144,000		
29	Permanently restricted net assets				29			
<u> </u>	Organizations that do not follow SFAS 117, check	here ▶						
	and complete lines 30 through 34.							
30	Capital stock or trust principal, or current funds		L		30			
31	Paid-in or capital surplus, or land, building, or equipm	nent fund			31			
32	Retained earnings, endowment, accumulated income				32			
27 28 29 30 31 32 33	Total net assets or fund balances			689,491	33	803,095		
34	Total liabilities and net assets/fund balances	•	•	894,132	34	1,100,464		

Form **990** (2009)

Form	1 990 (2009) North Carolina Sheriffs' 56	-1079943		Pa	ge 12
Pa	nt XI Financial Statements and Reporting				
		_		Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual	Other			
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent according	untant? .	_ 2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility	ty for oversight of	İ		
	the audit, review, or compilation of its financial statements and selection of an independent	t accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax	year, explain in			
	Schedule O.				
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for	the year were			
	issued on a consolidated basis, separate basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did no	ot undergo the			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

North Carolina Sheriffs'

Employer identification number 5.6-1.079943

			ASSOCIACION	<u>. </u>					ب		 		
P	art I	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part.)	See in	struct	ions.		
Γhe	orga	nization is not	t a private foundation becau	se it is: (For lines 1 through 11,	check only	y one box	:)						
1		A church, co	nvention of churches, or as:	sociation of churches described	ın sectior	170(b)(1	i)(A)(i).						
2	П	A school des	cnbed in section 170(b)(1)	(A)(ii). (Attach Schedule E.)									
3	П			rice organization described in se	ction 170	(b)(1)(A)(iii).						
4	H	-		ed in conjunction with a hospital			-)(1)(A)(i	ii). Ente	r the ho	ospital's name	3 .	
•	ш	city, and stat	_				(-	/(·/(· /(·	.,			•	
5	\Box	•		of a college or university owned	or operat	ed by a d	overnme	antal uni	t decen	hed in	•		
5	Ш				or operat	eu by a g	Overilli	ziitai uiii	t desciii	bed III			
_		· ·	(b)(1)(A)(iv). (Complete Part	•		.0(1.)(4)(4							
6	Н		· · · · · · · · · · · · · · · · · · ·	governmental unit described in s									
7	\sqcup			substantial part of its support from	om a gove	emmenta	l unit or	from the	genera	il public	:		
		described in	section 170(b)(1)(A)(vi). (C	Complete Part II)									
8	Щ	A community	y trust described in section	170(b)(1)(A)(vi). (Complete Part	: 11)								
9	X	An organizat	ion that normally receives. (more than 33 1/3 % of its sup 	port from	contribut	ions, me	embersh	ıp fees,	and gre	oss		
		receipts from	activities related to its exer	mpt functions—subject to certair	n exceptio	ns, and (2	2) no mo	re than	33 1/3 '	% of its			
		support from	gross investment income a	and unrelated business taxable in	ncome (le	ss sectior	1 511 tax	c) from b	usiness	ses			
		acquired by t	the organization after June 3	30, 1975 See section 509(a)(2)	. (Comple	te Part III)						
10			-	exclusively to test for public safe			-						
11	П	•	•	exclusively for the benefit of, to	-				out the	9			
		•	•	ted organizations described in s	•						1		
				the type of supporting organizati									
		a Type		c Type III–Function			d		e III–Ot	her			
_				ganization is not controlled direc	, ,		- ,						
е	Ш		•	•	•								
				s and other than one or more pul	Diiciy supp	onted org	jariizauu	ns desc	nbea in	Section	1		
_			section 509(a)(2).			T							
f				ermination from the IRS that it is	salypel,	Type II,	or Type	III suppo	orting				
		•	check this box		-	-							
g		Since Augus	t 17, 2006, has the organiza	ation accepted any gift or contrib	ution from	any of th	ne						
		following pe	rsons?										,
		(i) A person	n who directly or indirectly c	controls, either alone or together	with perso	ons descr	ibed in (11)				Yes	No
		and (III)	below, the governing body of	of the supported organization?							11g(i)	<u> </u>	
		(ii) A family	member of a person descri	ibed in (i) above?							11g(ii)		į
		(iii) A 35% c	controlled entity of a person	described in (i) or (ii) above?	-	•		•			11g(iii)	
h				the supported organization(s)	•								
m	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did v	ou notify	(vi)	s the	(vii) Am	ount of	
(-,		anization	(,	(described on lines 1–9	1 ' '	sted in your	the organ	nization in	organizat	on in col	sup		
			į	above or IRC section	governing	document?		of your port?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
		···-			103		163	"	103	-110			
					 			 					
					 				<u> </u>				
											i		
						L	L						
			1		1	I	1	I	I .				
					1					1			

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Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

56-1079943 Schedule A (Form 990 or 990-EZ) 2009 North Carolina Sheriffs' Page 3 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 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include 1,203,412 1,648,979 2,281,154 2,433,031 2,287,030 9,853,606 any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 9,055 11,046 89,448 41,924 14,676 12,747 organization's tax-exempt purpose Gross receipts from activities that are not an 3 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 9,943,054 2,298,076 2,293,901 2,442,086 Total. Add lines 1 through 5 1,245,336 1,663,655 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 29,441 amount on line 13 for the year 29,441 29,441 Add lines 7a and 7b 29,441 Public support (Subtract line 7c from line 6.) 9,913,613 Section B. Total Support (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (a) 2005 1,245,336 1,663,655 2.293.901 2,442,086 2,298,076 9,943,054 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar 8.305 5,200 1,749 23,346 2,982 5,110 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 5,110 8,305 5,200 1,749 23,346 2,982 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 13 2,299,825 9,966,400 and 12) 1,248,318 1,668,765 2,302,206 2,447,286 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 S

	organization, check this box and stop here		▶∟
ec	tion C. Computation of Public Support Percentage		
5	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.47%

15 Public support percentage from 2008 Schedule A, Part III, line 15 16 99.36%

Section D. Computation of Investment Income Percentage

Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17

% 17 18 %

Investment income percentage from 2008 Schedule A, Part III, line 17 18

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

6949 05/11/2010 Schedule A (Form 990 or 990-EZ) 2009 North Carolina Sheriffs' Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Nar	ne of organization North Carolina Sher	iffs'		Employer identifi	
	Association, Inc.			56-10799	
Pai	t I-A Complete if the organization is ex			on 527 organization	on
1	Provide a description of the organization's direct and inc	direct political campaign activities	s in Part IV.		
2	Political expenditures			> \$	
3	Volunteer hours			· —	
Pai	t I-B Complete if the organization is ex	empt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the orga	nization under section 4955		. • \$ _	
2	Enter the amount of any excise tax incurred by organization	ation managers under section 49	55	▶ \$ _	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
4a	Was a correction made?	-			Yes No
<u>b</u>	If "Yes," describe in Part IV				
Pa	t I-C Complete if the organization is ex	empt under section 501(<u>c), except sec</u>	tion 501(c)(3).	
1	Enter the amount directly expended by the filing organiz	ation for section 527 exempt fur	nction		
	activities .			▶\$_	
2	Enter the amount of the filing organization's funds contr	ibuted to other organizations for	section		
	527 exempt function activities	•		. ▶\$_	
3	Total exempt function expenditures. Add lines 1 and 2.	Enter here and on Form 1120-Po	OL,		
	line 17b			> \$ _	
4	Did the filing organization file Form 1120-POL for this y	•			Yes No
5	Enter the names, addresses and employer identification				•
	were made. For each organization listed, enter the amo				
	contributions received that were promptly and directly d			as a separate segregate	1
	fund or a political action committee (PAC) If additional			1,04	(2) A
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
		 	 		
			1		·······
For F	rivacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990 o	or 990-EZ.	Schedule C (Forn	n 990 or 990-EZ) 2009

Scho		orth Carolina Sherills	36-10/994	i age z
Pa		nization is exempt under section 501(c)(3)	and filed Form 5768 (elec	tion
	under section 501(h))) .	<u> </u>	
A	Check > if the filing organization	ation belongs to an affiliated group.		
В	Check 🕨 🦳 if the filing organiza	ation checked box A and "limited control" p	rovisions apply.	
	Limits on Lo	obbying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures"	' means amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	223,455	
С	Total lobbying expenditures (add lines 1	a and 1b)	223,455	
d	Other exempt purpose expenditures	• • •	1,261,020	
e	Total exempt purpose expenditures (add	lines 1c and 1d)	1,484,475	
1	Lobbying nontaxable amount. Enter the			
	columns		223,448	
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
l	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	_	
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25	% of line 1f)	55,862	
h	Subtract line 1g from line 1a If zero or le	ess, enter -0-	0	
i	Subtract line 1f from line 1c If zero or le	ss, enter -0-	7	<u> </u>
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file Form 4	720 reporting	
	section 4911 tax for this year?			Yes X No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lo	bbying Expenditure	s During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	141,388	176,906	232,637	223,448	774,379
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,161,569
c Total lobbying expenditures	83,239	152,256	217,087	223,455	676,037
d Grassroots nontaxable amount	35,347	44,227	58,159	55,862	193,595
e Grassroots ceiling amount (150% of line 2d, column (e))					290,393
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

(election under section 501(h)).	(a)	(b))
	Yes	No	Amo	unt
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				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		\sqcup		
c Media advertisements?		<u> </u>		
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?	. L			
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i Other activities? If "Yes," describe in Part IV				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5),	or se	ection	
				Yes
1 Were substantially all (90% or more) dues received nondeductible by members?			1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•		2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II				
"Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total	•	2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
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 (see instructions)		5		
Part IV Supplemental Information				

Schedule C (Form 990 or 990-EZ) 2009 North Carolina Sheriffs'

56-1079943

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	e of the organization		Employer identification number
	orth Carolina Sheriffs'		
_ <u>A</u>	ssociation, Inc.	······································	56-1079943
Pá	Organizations Maintaining Donor Advised Further the organization answered "Yes" to Form 990,	nds or Other Similar Funds or Part IV, line 6.	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be	
	used only for chantable purposes and not for the benefit of the donor o	r donor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
<u>P</u>	art II Conservation Easements. Complete if the organized	anization answered "Yes" to Fo	orm 990, Part IV, line 7.
1	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 i	mportant land area
	Protection of natural habitat	Preservation of certified historic	c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	vation contribution in the form of a con	servation
	easement on the last day of the tax year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure incl	` '	2c
d	Number of conservation easements included in (c) acquired after 8/17/	•	2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organia	zation during
	the taxable year		
4	Number of states where property subject to conservation easement is I		
5	Does the organization have a written policy regarding the periodic mon	toring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	•	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the	e year
_			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year	ſ
•		h	
8	Does each conservation easement reported on line 2(d) above satisfy t	ne requirements or section	Yes No
0	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easem	onto in its revenue and expense statem	
J	balance sheet, and include, if applicable, the text of the footnote to the	•	•
	the organization's accounting for conservation easements	organization s interior statements that	1 463611363
Pź	urt III Organizations Maintaining Collections of Art,	Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to		
1a	If the organization elected, as permitted under SFAS 116, not to report	ın its revenue statement and balance s	heet works of
	art, historical treasures, or other similar assets held for public exhibition	i, education, or research in furtherance	of public service,
	provide, in Part XIV, the text of the footnote to its financial statements t	hat describes these items.	
b	If the organization elected, as permitted under SFAS 116, to report in it	s revenue statement and balance shee	t works of art,
	historical treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	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	<u> </u>	provide the
	following amounts required to be reported under SFAS 116 relating to t	hese items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

Sche	edule D (Form 990) 2009 North Card	olina Sherif:	<u>fs'</u>		<u>56-107</u>	9943	Page 2
Pa	art III Organizations Maintaining	Collections of Art,	Historical Trea	sures, o	r Other S	imilar Assets	s (continued)
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records, che	eck any of the follow	ng that are	a significar	t use of its	
а	Public exhibition	d Loan	or exchange prograr	ns			
b	Scholarly research	e Other	•				
С	Preservation for future generations	_					
4	Provide a description of the organization's coll Part XIV.	ections and explain how	they further the orga	anızatıon's	exempt purp	oose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, be maintained as part of	historical treasures, the organization's c	or other s	mılar		Yes No
Pa	art IV Escrow and Custodial Arra				swered "	Yes" to Form	
- •	IV, line 9, or reported an am						
1a	Is the organization an agent, trustee, custodial			her assets	not		
	included on Form 990, Part X?	ir or outer interitrodicity is	5, 00,10100010 0, 01	000010	1101		Yes No
h	If "Yes," explain the arrangement in Part XIV a	and complete the following	n table:				
	in res, explain the analigement in rate xiv a	and domplete the following	g table				Amount
_	Beginning balance					1c	
	Additions during the year				•	1d	·
ů	Distributions during the year			•	•	1e	
٤	Ending balance	•			• •	1f	<u>.</u>
f 20	Did the organization include an amount on For	m 000 Bort V line 212			• •	L!!	
	If "Yes," explain the arrangement in Part XIV	III 990, Fait A, IIIIe 21				•	☐ Yes ☐ No
*******	ert V Endowment Funds. Comple	ete if organization a	inswered "Yes"	to Form	990 Parl	IV line 10	
	Zildownone i didol compi	(a) Current year	(b) Pnor year	1		d) Three years bac	k (e) Four years back
12	Beginning of year balance		(-, ,	(, , , ,	,	,	(1, 11, 11, 11, 11, 11, 11, 11, 11, 11,
	Contributions			·		······································	
	Net investment earnings, gains,			<u> </u>			
٠	and losses						
.4				 			
	Grants or scholarships Other expenditures for facilities					······································	
e							
	and programs					······································	
	Administrative expenses			 			
g	•			_L	1		
2	Provide the estimated percentage of the year	end Dalance neid as					
	Board designated or quasi-endowment ► Permanent endowment ► %	⁷⁰					
	Permanent endowment ▶ % Term endowment ▶ %						
		sion of the organization t	hat are held and adr	nunictorod	for the		
Ja	Are there endowment funds not in the possess organization by	sion of the organization t	nat are nelu and aun	illilistered	ioi uie		Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations					•	3a(ii)
ь	If "Yes" to 3a(ii), are the related organizations	listed as required on Sch	andula P2				3b
4	Describe in Part XIV the intended uses of the	•					. [35]
******	irt VI Investments—Land, Buildin			0 Part	X line 10		
	Description of investment	(a) Cost or other basis	(b) Cost or ot		(c) Accur	mulated	(d) Book value
	becompain of investment	(investment)	basis (other	1	depred		(a) Dook falle
1-	Land	,,		· -	-F		
	Buildings		 		-		
	Leasehold improvements	<u> </u>					
	Equipment .	<u> </u>	377	,325	1	11,451	265,874
	Other		+ 3,,	/ 			
	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990 Part X co	olumn (B), line 10(c))	v	•	265,874
- +41			(=), 10(0).				

Schedule D (Form 990) 2009 North Carolina Sheriff	<u> </u>	56-1079943	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-yea	ar market value
Financial derivatives .			
Closely-held equity interests			
Other			
		<u> </u>	
			
		<u> </u>	
		<u> </u>	
		.	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	Dort V line 12		
Part VIII Investments—Program Related. See Form 990	J, Paπ X, line 13. (b) Book value	(a) Mathad a	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
		Occident of you	ar market value
		· · · · · · · · · · · · · · · · · · ·	
		· -	****
			
		·	
			- -
			-
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
	, - 111		
	<u> </u>		
	·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•		<u> </u>
Part X Other Liabilities. See Form 990, Part X, line 25			
1 (a) Description of liability	(b) Amount		
Federal income taxes	116 420		
Note Payable - LGFCU	116,438		
Deferred Sheriff's Dues Customer advances	73,087 29,000		
	20,718		
Due to US Attorney's Office Note Payable - GMAC	19,294		
Accrued scholarship	7,000		
SIMPLE Payable	3,719		
SIMEND LAYADIE	3,119		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	269,256		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organ	,	t that reports the	
organization's liability for uncertain tax positions under FIN 48		and reporte the	

Sche	dule D (Form 990) 2009 North Carolina Sheriffs'	56-107994		Page 4
₽æ	rt XI Reconciliation of Change in Net Assets from Form 990 t	to Audited Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,299,825
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2,496,078
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-196,253
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	309,857
9	Total adjustments (net). Add lines 4 through 8		9	309,857
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10	113,604
	Reconciliation of Revenue per Audited Financial Statem		turn	
1	Total revenue, gains, and other support per audited financial statements		1	2,572,405
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	1	
c	Recovenes of prior year grants	2c	1	
d	Other (Describe in Part XIV.)	2d 272,580	1	
e	Add lines 2a through 2d		2e	272,580
3	Subtract line 2e from line 1	•••	3	2,299,825
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIV)	4b	1	
	Add lines 4a and 4b	_ -	4c	
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,299,825
5	rt XIII Reconciliation of Expenses per Audited Financial State	ments With Expenses per		
1	Total expenses and losses per audited financial statements	monto With Expended per	1	2,458,801
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• •		
2	·	2a		
a	Donated services and use of facilities	2b	1 1	
b	Pnor year adjustments	2c 2c	1	
C	Other losses	2d -5	<u> </u>	
d	Other (Describe in Part XIV.)	20	2e	_ 5
_	Add lines 2a through 2d		3	2,458,806
3	Subtract line 2e from line 1			2,450,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 37,272	1	
	Other (Describe in Part XIV)	4b 37,272	7 . I	37,272
	Add lines 4a and 4b		4c	2,496,078
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,490,070
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,			
	b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	, lines 2d and 4b. Also complete		
	art to provide any additional information.			
_P	art X - Liability Under FIN 48 Footnote _			
_ T]	ne_Association's 990 is not currently unde	er_examination_by	<u>the</u>	<u>Internal</u> _
_R	evenue_Service_or_the_State_of_North_Carol	Lina. The Associa	<u>atio</u>	n's_taxable_
	ears that are open for potential examination			
	ervice are for the calendar years ended De			
	006. The Association's open tax years for			
_ 5_	tate of North Carolina are for the calenda	<u>rr Aear s euded De</u>	:cem	ner_ 2T '

SCHEDULE J

(Form 990)

Part I

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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_
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 any of the boxes on 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		<u> </u>
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			
	Compensation committee Independent compensation consultant Form 990 of other organizations Written employment contract Compensation survey or study 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, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a	<u></u>	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	L	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		1	
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
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			
	ın Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2009

Page 2

6949 05/11/2010

North Carolina Sheriffs!

Schedule J (Form 990) 2009 North Carolina Sheriffs! 56-1079943

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed 56-1079943

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) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(i) Base (ii) Bonus & incentive (iii) Other compensation compensation compensation compensation	(III) Other reportable compensation	other deferred compensation	benefits		Form 990 or Form 990 or Form 990-EZ
Edmond W. Caldwell, Jr.	() 251,239	0	2,993	7,350	27,88	289,465	248,185
	(ii)	0	0			0	0
0	(0)						
<u> </u>	(ii)						
9	©	•					
2 2	€ €	•					
	(i)						
	(11)	•					
	· · · · (w)		:		•		
	(i)						
	(II)						
)	(II) (0)						
	(E)	•					
	(E)						
	(i)	•					
	(I)					·	
)	(E)			·			
	(E)	•					
	(1)				_		
	(u) (t)	•					
						Schedi	Schedule J (Form 990) 2009

6949 05/11/2010

Schedule J (Form 990) 2009 North Carolina Sheriffs¹ 56-1079943

Part III Supplemental Information

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)

Supplemental Information to Form 990

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

• Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

North Carolina Sheriffs Association, Inc.

Employer identification number 56-1079943

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

Membership into the Association is automatically granted to all Sheriffs

upon the 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 11A - Organization's Process 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.

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

Employer identification number

Name of the organization
North Carolina Sheriffs'

56-1079943

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.

6949 North Carolina Sheriffs' 56-1079943

Federal Statements

5/11/2010

FYE: 12/31/2009

Cash	ì

Description	 Amount
Wachovia Checking Restricted Cash - US Attorney'	\$ 475,854 20,718
Total	\$ 496,572

Accounts Payable

Description	 Amount
Accounts Payable Wachovia Credit Card	\$ 35,337 11,012
Total	\$ 46,349

Description	<u></u>	Amount
Accounts Payable Wachovia Credit Card	\$	22,093 6,020
Total	\$	28,113

PY Compensation & Benefits

Description	 Amount				
Salaries & Labor Payroll Related Expenses	\$ 816,658 103,494				
Total	\$ 920,152				

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

ii Liotod i Toporty,

OMB No 1545-0172 2009

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Attach to your tax return.

Sequence No

Identifying number

56-1079943 Association, Inc. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 12 13 Carryover of disallowed deduction to 2010 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 instr.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 58,688 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 14,292 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions Part III Section A 22,015 MACRS deductions for assets placed in service in tax years beginning before 2009 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 18 Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and year (d) Recovery (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property placed in репод only-see instructions 19a 3-year property 12,105 5.0 HY 200DB 5-year property 2,222 7.0 HY 200DB 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs 25-year property S/L h Residential rental 27 5 yrs. MM property 27 5 yrs MM S/L MM S/L Nonresidential real 39 vrs property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L MM S/L 40-year 40 yrs Part IV Summary (See instructions.) 4,800 21 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 102,532 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

_	•
D	_

	05/11/2010 orth	Carolina	Sheriffs	; '			56-1	.0799	43							
	4562 (2009 art V	Listed Property use	erty (Include a ed for entertain ehicle for which y	nment, re	ecreations the stan	n, or	amuse	ement.) eductina l	ease e					ers, an	Page (
) through (c) of S —Depreciation a				_				ute for na	ccanaa	r automo	obiles)	 -	
			<u>-</u>				Yes								X Yes	
<u>24a</u>	1	ive evidence to supp	1			<u> </u>		No		Yes,	' is the ev	T				N
	(a) of property vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost or ba	other		(e) is for dep siness/inv use onl	estment	(f) Recovery period		(g) lethod/ nvention	((h) Depreciati deductio			section cost
25	•	depreciation allow and used more th	•					-			25				<u> </u>	
26	Property	used more than 5	50% in a qualified	l business i	use'											
	008 C	hevy Taho 10/30/08	e 100.00%	4	2,520)	37	,763	5.0	20	0DBHY	٤	4	,800		
	December	used 50% or less	l %d	010000 1100						ــــــــــــــــــــــــــــــــــــــ		<u> </u>			J	
27	Property	used 50% of less	s in a quaimed bu	Silless use		T			Γ.	T		1				
			%							S/L						
		_	, ,									†			1	
			%							S/L						
28	Add amo	ounts in column (h), lines 25 throug	h 27 Enter	here and	on line	21, pa	ge 1			28		4	,800		
29	Add amo	ounts in column (i)), line 26 Enter he	ere and on	line 7, pa	ge 1								29		
Com	plete this	section for vehicle	es used by a sole	proprietor,	tion B—I	or other	"more t	han 5%	owner," o	r relate	d person.	If you	provided	d vehicle	es	
30		•		3 to 300 ii yo	1				(c		(d)	١	,	 e)	,	f)
30	Total business/investment miles driven during the year (do not include			(a) Vehicle 1		(b) Vehicle 2		Vehicle 3		` '		Vehicle 5		Vehicle 6		
		ng miles)	3,440		70,110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	.0.0 2	70		7 01110				10	
31		mmuting miles dri	ven dunna the ve	ar												
32		er personal (nonc	•								-					
33	Total mil	es driven during t	he year. Add													
	lines 30	through 32														
34		vehicle available	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35		vehicle used prim	-	•												
	more tha	n 5% owner or re	lated person?	_												
36_	Is anothe	er vehicle availabl	e for personal us	e? .												
			Section C—Que	stions for	Employe	rs Who	Provid	e Vehicl	es for Us	e by T	heir Emp	loyees				
Ansv	ver these o	questions to deter	mine if you meet	an exception	on to com	pleting	Section	B for ve	hicles us	ed by e	mployees	s who a	re not			
more	than 5%	owners or related	persons (see ins	tructions).											1	1
37	-	naintain a written	policy statement	that prohib	its all pers	sonal u	se of vel	nicles, in	cluding c	ommut	ing, by				Yes	No
	your em	•														X
38	•	naintain a written	• •	•	•				•	•						
00		es? See the instru		-	-		s, direct	ors, or 1	% or mor	e owne	rs					X
39		reat all use of veh									v. 14 4lb =			•		├ ^
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?												х			
41		e venicies, and re neet the requirem				demon	stration	11562 (54	e inetnic	tione 1				٠	-	X
71		your answer to 37									es					
P	art VI	Amortization							30.0.00							

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year		
42 Amortization of costs that begins during your 2009 tax year (see instructions).								
43	Amortization of costs that began before y	43						
44_	Total. Add amounts in column (f) See the	44						