



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 \$500,000 and total assets less than \$1,250,000 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

2009**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending ,****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C

IDAHO ASSOCIATION OF CRIMINAL DEFENSE
LAWYERS, INC.
303 W. BANNOCK STREET
BOISE, ID 83702

D Employer identification number

82-0470631

E Telephone number

208-343-1000

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 ☐ Accrual
Other (specify) ▶

I Website: ▶ IDACDL.ORG**J** Tax-exempt status (check only one) — ☒ 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

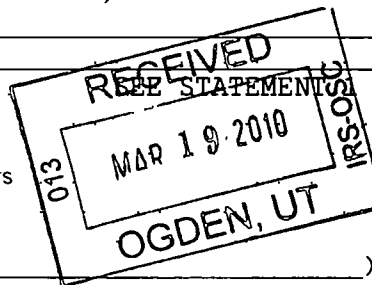
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 53,560.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																										
	6a	Gross revenue (not including \$ of contributions reported on line 1)																										
	6b	Less direct expenses other than fundraising expenses																										
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
7b	Less cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe ▶)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																											
EXPENSES	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe ▶ SEE STATEMENT 2)																										
	17	Total expenses. Add lines 10 through 16																										
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																											
NET ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																										
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																										
	21																											

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	44,612.	58,334.
23	Land and buildings		
24	Other assets (describe ▶ SEE STATEMENT 3)	3,192.	2,875.
25	Total assets	47,804.	61,209.
26	Total liabilities (describe ▶)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,804.	61,209.

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

Form 990-EZ (2009)

SCANNED APR 02 2010

14

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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

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

28	THE ORGANIZATION PRINTS A "BEST CASES" PUBLICATION AND DISTRIBUTES IT TO ITS MEMBERS.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28 a
29	THE ORGANIZATION SPONSORS CONTINUING LEGAL EDUCATION SEMINARS.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29 a 26,671.
30	THE ORGANIZATION MADE CHARITABLE CONTRIBUTIONS TO BOISE STATE UNIVERSITY.		
	(Grants \$ 2,500.) If this amount includes foreign grants, check here	<input type="checkbox"/>	30 a 2,500.
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32 29,171.

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

(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 and deferred compensation	(e) Expense account and other allowances
GUS CAHILL 200 W. FRONT STREET BOISE, ID 83702	DIRECTOR 0	0.	0.	0.
TOM SULLIVAN PO BOX 606 CALDWELL, ID 83606	DIRECTOR 0	0.	0.	0.
MICHAEL PALMER PO BOX 3318 COEUR D'ALENE, ID 83816	DIRECTOR 0	0.	0.	0.
STEVEN RICHERT 801 E. SHERMAN POCATELLO, ID 87201	DIRECTOR 0	0.	0.	0.
MOLLY HUSKEY 3647 LAKE HARBOR LANE BOISE, ID 83703	DIRECTOR 0	0.	0.	0.
CHARLES STROSCHEIN PO BOX 285 LEWISTON, ID 83501	DIRECTOR 0	0.	0.	0.
CLARK PETERSON 702 N. 4TH, SUITE 200 COEUR D'ALENE, ID 83814	DIRECTOR 0	0.	0.	0.
THOMAS MCCABE PO BOX 2836 BOISE, ID 83701	DIRECTOR 0	0.	0.	0.
GARY AMENDOLA 702 N. 4TH, STE. 200 COEUR D'ALENE, ID 83814	SEC/TREAS/DIREC 0	0.	0.	0.
KELLY KUMM 1305 E. CENTER STREET POCATELLO, ID 83201	DIRECTOR 0	0.	0.	0.
MICHAEL BARTLETT PO BOX 2772 BOISE, ID 83701	DIRECTOR 0	0.	0.	0.
LEO GRIFFARD, JR. PO BOX 2006 BOISE, ID 83701	DIRECTOR 0	0.	0.	0.

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

	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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		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?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **DEBI PRESHER** Telephone no **208-343-1000**
 Located at **303 W. BANNOCK STREET BOISE ID** ZIP + 4 **83702**

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** Yes No 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 a 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** Yes No 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 **N/A**
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** **N/A**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44** Yes No 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** Yes No X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.**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**Yes** **No****46****47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**47****48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**48****49a** Did the organization make any transfers to an exempt non-charitable related organization?**49a****b** If 'Yes,' was the related organization a section 527 organization?**49b****50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(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 and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d 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: Debi C. Presher Date: 3-15-10

Type or print name and title: Debi C. Presher Executive Director

Paid Preparer's Use Only

Preparer's signature: Sandra S. Parks Date: 4/2/10 Check if self-employed: ☐ Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: REAGAN PARKS & ASSOCIATES P.A.
251 E FRONT ST STE 106
BOISE, ID 83702-7313

EIN: N/A Phone no: (208) 338-1475

May the IRS discuss this return with the preparer shown above? See instructions

☒ **Yes** ☐ **No****BAA**

Form 990-EZ (2009)

2009

FEDERAL STATEMENTS

PAGE 1

CLIENT 7002

IDAHO ASSOCIATION OF CRIMINAL DEFENSE
LAWYERS, INC.

82-0470631

2/02/10

10 00AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME: BOISE STATE UNIVERSITY
 DONEE'S ADDRESS: 1910 UNIVERSITY DRIVE
 BOISE, ID 83725
 RELATIONSHIP OF DONEE: NONE
 CASH AMOUNT GIVEN: \$ 2,500.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	267.
BANK CHARGES		26.
CONFERENCES, CONVENTIONS, AND MEETINGS		26,671.
DEPRECIATION		71.
INFORMATION TECHNOLOGY		2,400.
OFFICE EXPENSES		138.
TOTAL	\$	29,573.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
INVENTORIES	\$ 2,986.	\$ 2,740.
MACHINERY AND EQUIPMENT	206.	135.
TOTAL	\$ 3,192.	\$ 2,875.

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO EDUCATE CRIMINAL DEFENSE ATTORNEYS AND OTHER INDIVIDUALS WHO ARE EMPLOYED IN
 CRIMINAL DEFENSE WORK IN THE STATE OF IDAHO.

STATEMENT 5
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
 INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
 INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO