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Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For 2009 calendar year, or tax year beginning JANUARY 01 , 2009, and ending DECEMBER 31 , 20 09

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
Ada County Sheriff Employees' Association

Number & street (or P.O box, if mail is not delivered to street addr) Room/suite
PO Box 45009

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

D Employer identification number
82-0472093

E Telephone number
(208) 577-3012

F Group Exemption Number . . ▶

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

G Accounting Method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶N/A

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

J Tax-exempt status (check only one) -- ☒ 501(c)(4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 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 . . . ▶ $ 179,788

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	13,838
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	44,396
	4	Investment income		4	3,865
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 12,837 of contributions reported on line 1)	6a 115,532		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	115,532
	7a	Gross sales of inventory, less returns and allowances	7a 2,157		
	b	Less: cost of goods sold	7b 1,537		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) #1		7c	620
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** All lines 1, 2, 3, 4, 6c, 7c, and 8 ▶		9	178,251
EXPENSES	10	Grants and similar amounts paid (attach schedule) #2		10	26,413
	11	Benefits paid to or for members		11	46,701
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	99,626
	14	Occupancy, rent, utilities, and maintenance		14	170
	15	Printing, publications, postage, and shipping		15	962
	16	Other expenses (describe ▶ See attachment #3)		16	18,161
	17	**Total expenses.** Add lines 10 through 16 ▶		17	192,033
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-13,782
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	172,973
	20	Other changes in net assets or fund balances (attach explanation) #4		20	296
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	159,487

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	165,516	22	152,878
23	Land and buildings		23	
24	Other assets (describe ▶ See attachment #5)	7,457	24	6,609
25	**Total assets**	172,973	25	159,487
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	172,973	27	159,487

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

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14

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

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

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

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

28 See attachment #7

(Grants $ 19,050) If this amount includes foreign grants, check here ▶ ☐ **28a** 24,167

29

(Grants $ 3,195) If this amount includes foreign grants, check here ▶ ☐ **29a** 4,053

30

(Grants $ 3,968) If this amount includes foreign grants, check here ▶ ☐ **30a** 5,034

31 Other program services (attach schedule)

(Grants $ 54,891) If this amount includes foreign grants, check here ▶ ☐ **31a** 69,634

32 **Total program service expenses** (add lines 28a through 31a) ▶ **32** 102,888

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

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

Part V Other Information (Note the statement requirements in the instructions for Part 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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining 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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 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		X
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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ ID

42a The organization's books are in care of ▶ See attachment #9 Telephone no. ▶

Located at ▶ ZIP + 4 ▶

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country. ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

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

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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.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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 & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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 — Date 11/15/10

▶ Susan Romero Co-Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's identifying no (See instr.)
	11/11/2010	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶
Berrett Tax & Finance, Inc. 2484 N STOKESBERRY PL STE 100 Meridian, ID 83646	Phone no. ▶ 208-887-1817

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Ada County Sheriff Employees' Association

Employer identification number
82-0472093

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a [ ] Mail solicitations
- b [ ] Internet and email solicitations
- c [X] Phone solicitations
- d [ ] In-person solicitations
- e [ ] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [X] Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Idaho Entertainment Events	Telephone solicitations and event manager		X	128,369	87,884	40,485
Total ▶						

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

ID

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

		(a) Event #1 Celebrity sp (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (Add col (a) through col (c))
REVENUE	1 Gross receipts	128,369			128,369
	2 Less. Charitable contributions	12,837			12,837
	3 Gross income (line 1 minus line 2)	115,532			115,532
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,401			9,401
	7 Food and beverages	95			95
	8 Entertainment				
	9 Other direct expenses	81,188			81,188
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(90,684)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				24,848

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

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

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

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

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

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

Keep For Your Records | **For calendar year 2009 or tax period beginning** 01-01-2009 **, and ending** 12-31-2009.

Name of Organization
Ada County Sheriff Employees' Association

Employer Identification Number
82-0472093

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
Promotional items	2,157	1,537	620
Total	2,157	1,537	620

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

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

Open to Public Inspection

For calendar year 2009 or tax period beginning 01-01-2009, **and ending** 12-31-2009.

Name of Organization
Ada County Sheriff Employees' Association

Employer Identification Number
82-0472093

Description of Changes	Total Amount
Correction in carryover of equity position	296
Total	296

SCHEDULE OF OTHER ASSETS

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

Open to Public Inspection

For calendar year 2009 or tax period beginning 01-01-2009, **and ending** 12-31-2009.

Name of Organization
Ada County Sheriff Employees' Association

Employer Identification Number
82-0472093

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Inventory	1,361	1,778	
Equipment	6,096	4,831	
Totals	7,457	6,609	

SCHEDULE OF OTHER EXPENSES

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

Open to Public Inspection | For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.

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

Description of Other Expenses	Amount
Training	3,130
Air fare	1,727
Lodging	903
Meals	500
Promotional costs	6,451
Automobile expenses	1,191
Bank fees	401
Equipment repairs and maintenance	1,216
Meals for volunteers	427
Office supplies	240
Supplies	5
Depreciation	1,970
Total	18,161

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

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

Open to Public Inspection

For Calendar year 2009, or tax year period beginning 01-01-2009 and ending 12-31-2009

Name of Organization
Ada County Sheriff Employees' Association

Employer Identification Number
82-0472093

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Various Education scholarships	Under $5,000 per grantee PO Box 45009 Boise ID 83711	3,195	Individual athletic sponsorship
Various individual education scholarships	Under $5,000 per grantee PO Box 45009 Boise ID 83711	19,050	Educational scholarship
Funeral gift	Under $5,000 per grantee PO Box 45009 Boise ID 83711	200	Funeral gift
Various non-profit grants	Under $5,000 per grantee PO Box 45009 Boise ID 83711	3,968	Various non-profit grants to promote purposes
		26,413	

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
some organization spouse, others not related	Travel and equipment	3,195	actual cost	actual cost	
some organizational member relatives, others not related	School tuition and fees	19,050	actual cost	actual cost	
not related	Funds for funeral	200	cash	cash	
No related	Cash and personal property	3,968	cash and actual cost	cash and actual cost	
	Total	26,413			

PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01 , and ending 12-31-2009.

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

Primary Purpose

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

PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.	
Name of Organization		**Employer Identification Number**
Ada County Sheriff Employees' Association		82-0472093

Part III - Statement of Program Service Accomplishments

Grants and allocations	19,050	Amount includes foreign grants	Program service expenses	24,167

Exempt Purpose Achievements

Seconary and Post-secondary Education Scholarship Program

PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.

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

Part III - Statement of Program Service Accomplishments

Grants and allocations	3,195	Amount includes foreign grants	Program service expenses	4,053

Exempt Purpose Achievements

Youth athletic sponsorships for travel and equipment

PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.	
Name of Organization		**Employer Identification Number**
Ada County Sheriff Employees' Association		82-0472093

Part III - Statement of Program Service Accomplishments

Grants and allocations	3,968	Amount includes foreign grants	Program service expenses	5,034

Exempt Purpose Achievements

Donate personal property to non-profit organizations and their members as a means to promote goodwill with public and fund other organizations noble causes

PROGRAM SERVICE ACCOMPLISHMENT

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

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.	
Name of Organization		**Employer Identification Number**
Ada County Sheriff Employees' Association		82-0472093

Part III - Statement of Program Service Accomplishments

Grants and allocations	200	Amount includes foreign grants	Program service expenses	254

Exempt Purpose Achievements

Donations to individuals with emotional and financial needs.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 5 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.	
Name of Organization		**Employer Identification Number**
Ada County Sheriff Employees' Association		82-0472093

Part III - Statement of Program Service Accomplishments

Grants and allocations	46,701	Amount includes foreign grants	Program service expenses	59,244

Exempt Purpose Achievements

Benefit member of association with positive social interactions, appreciation, professional services, and insurance. Additionally, be a liaison between the organization and the Ada County Sheriff's Office.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 7: page 6 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.	
Name of Organization		**Employer Identification Number**
Ada County Sheriff Employees' Association		82-0472093

Part III - Statement of Program Service Accomplishments

Grants and allocations	7,990	Amount includes foreign grants	Program service expenses	10,136

Exempt Purpose Achievements

Promote goodwill with the public through charity, education, and awareness

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection

For calendar year 2009 or tax period beginning 01-01-2009, **and ending** 12-31-2009.

Name of Organization
Ada County Sheriff Employees' Association

Employer Identification Number
82-0472093

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

BOOKS ARE IN CARE OF

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

Open to Public Inspection	For calendar year 2009 or tax period beginning 01-01 , and ending 12-31-2009.

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

Part V - Line 42a

Individual Name or Business Name: Susan Romero

Street Address: 6526 S. Lunar

U S Address:

Zip code 83709 City Boise State ID

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (208)577-3111

Fax Number (208)577-3009

GAMING/SPECIAL EVENTS BOOKS AND RECORDS

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

Open to Public Inspection

For calendar year 2009 or tax period beginning 01-01-2009, and ending 12-31-2009.

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

Part III - Line 14

Individual Name or Business Name: Megan Degroat

Street Address: 14958 Hillside Dr.

U S. Address

Zip code 83607 City Caldwell State ID

or

Foreign Address

City

Province or State

Country

Postal code

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No. 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
Ada County Sheriff Employees'	FOR FORM 990-EZ LINE 16	82-0472093

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	$250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000

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

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 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.

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	1,869
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B -- Assets Placed In Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property		706	07	HY	200 DB	101
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27 5 yrs.	MM	S/L	
				27 5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C -- Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	1,970
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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2009 Federal Depreciation Schedule

Ada County Sheriff Employees' Association
82-0472093

11-11-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990-EZ Line 16										
BBQ Grills	06-05-09	200DBHY	7	706	0	0	0	706	0	101
Computer 3	03-23-07	200DBHY	5	1,386	0	0	0	1,386	721	266
Computer 4	06-25-07	200DBHY	5	1,143	0	0	0	1,143	595	219
Filing cabinet	01-01-05	200DBHY	7	18	0	0	0	18	12	2
Golf cart	08-27-07	200DBHY	7	2,500	0	0	0	2,500	969	437
Laptop, computer	03-07-06	200DBHY	5	731	0	0	0	731	520	84
Trailer	08-06-05	200DBHY	7	5,330	0	0	0	5,330	3,665	476
Trailer 2	08-22-07	200DBHY	7	1,855	0	0	0	1,855	719	324
Windows software	10-19-07	S/L	36	424	0	0	0	424	91	61
9 Assets			Totals	14,093	0	0	0	14,093	7,292	1,970
9 Assets			Grand Totals	14,093	0	0	0	14,093	7,292	1,970

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

2009 AMT Depreciation Schedule

Ada County Sheriff Employees' Association
82-0472093

11-11-2010

Description	Date	Method	Year	Basis	Prior	AMT	Regular	Adjust
Form 990-EZ Line 16								
BBQ Grills	06-05-09	150DBHY	7	706	0	76	101	25
Computer 3	03-23-07	150DBHY	5	1,386	561	247	266	19
Computer 4	06-25-07	150DBHY	5	1,143	462	204	219	15
Filing cabinet	01-01-05	150DBHY	7	18	10	2	2	0
Golf cart	08-27-07	150DBHY	7	2,500	746	376	437	61
Laptop, computer	03-07-06	150DBHY	5	731	426	122	84	-38
Trailer	08-06-05	150DBHY	7	5,330	3,045	653	476	-177
Trailer 2	08-22-07	150DBHY	7	1,855	554	279	324	45
Windows software	10-19-07	S/L	36	424	91	61	61	0
9 Assets		Totals		14,093	5,895	2,020	1,970	-50
9 Assets		Grand Totals		14,093	5,895	2,020	1,970	-50

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

Postage	35	
Advertising	927	
TOTAL CARRIED TO 990 EZ PG 1 Line 15		962

STATEMENT #2 - Contributions, gifts, grants (EZ1 PF1 Line 1)

Special events	13,838	
TOTAL CARRIED TO EZ1 PF1 Line 1		13,838

STATEMENT #3 - Benefits Pd to or For Members (990-EZ PG 1 Line 11)

Entertainment	400	
Gifts	6,432	
Insurance	22,235	
Meals	12,593	
Travel	5,041	
TOTAL CARRIED TO 990-EZ PG 1 Line 11		46,701

STATEMENT #4 - Professional Fees (990-EZ PG 1 Line 13)

Legal and accounting fees	8,942	
Fundraising fees	90,684	
TOTAL CARRIED TO 990-EZ PG 1 Line 13		99,626

STATEMENT #5 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

PO Box	170	
TOTAL CARRIED TO 990-EZ PG 1 Line 14		170

STATEMENT #6 - Revenues included (SCH D, PG 1 Ln 1b(i))

Celebrity Weekend Sports Event	115,532	
TOTAL CARRIED TO SCH D, PG 1 Ln 1b(i)		115,532

STATEMENT #7 - ( )

	Beginning	Ending
Bank		
Cash		
TOTAL CARRIED TO	0	0

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

Publicity	4,154	
Equipment	502	
Utilties	549	
Event services	5,263	
Insurance	500	
Postage	11,890	
Printing	1,310	
Telemarketing	55,492	
Travel	1,528	
TOTAL CARRIED TO Sch G, Part II Line A-7a		81,188