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# Form '990

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**Open to Public** 

Department of the Treasury

(HTA)

	al Revenue Se	11 calendar year, or tax year beginning 12/1/2011 , and en		1/2011	inspectio	, I
	heck if appli	······································	D Employer		number	
	ddress chan	Transacry offering / resociation				
=	lame change		61-1158889 E Telephone			
=	name change nitial return					
=	erminated	P O Box 524  City or town, state or country, and ZIP + 4	(859) 392-18	302		
=			G Gross rece	ints \$		11
=	mended retu		<u> </u>	<u> </u>	? Yes	11 V No
^	application pe		H(a) Is this a group return			
		Charles L Korzenborn, Sheriff 303 Court Street, RM 409, Covington, K			Yes[	No
	ax-exempt st		If "No," attach a list	. (see instruct	iions)	
7 M	/ebsite ▶		H(c) Group exemption n	umber 🕨		
K F	orm of organ	ızatıon X Corporation Trust Association Other ► L Year	of formation 1954	M State of	legal domicile	KY
Р	art l	Summary				
	<b>1</b> Br	efly describe the organization's mission or most significant activities Encor	urages social, char	itable, and		
	ed	ucational activities among the Sheriffs in Kentucky				
nce						
Activities & Governance		··············· <u>···</u> ·············				
Š.	2 Cr	eck this box ▶ if the organization discontinued its operations or disposed of more than	n 25% of its net assets			
ن مخ		imber of voting members of the governing body (Part VI, line 1a)		3		18
ties		imber of independent voting members of the governing body (Part VI, line 1b)		4		18
ίξ	ł .	tal number of individuals employed in calendar year 2011 (Part V, line 2a)	<u> </u>	5		0
ĕ	1	tal number of volunteers (estimate if necessary)	-	6		19
		tal unrelated business revenue from Part VIII, column (C), line 12		7a		0
	b Ne	et unrelated business taxable income from Form 990-T, line 34		7b	0	0
	8 Cc	Intributions and grants (Bart VIII, line 1h)	Prior Year	0	Current Yea	
ae	1	ontributions and grants (Part VIII, line 1h) ogram service revenue (Part VIII, line 2g)	218	,685		<u>0</u> 0
) Revenue		<u>-</u>				11
<b>∞</b> 8		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		681 0		- '1
2012 		tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	219	,366		11
<u> </u>		ants and similar amounts paid (Part IX, column (A), lines 1–3)		,762		0
€2	1	nefits paid to or for members (Part IX, column (A), line 4)		,992		Ö
		laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0		0
D JUN Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)		0		0
<u>ā</u>	b To	ta <b>[நிற்வுநிர்ற்</b> ளுses (Part IX, column (D), line 25) ▶ 0	* ;	3	%. , , ,	
NE D	17 0	ta[Dino(a)sInity expenses (Part IX, column (D), line 25) ► 0 her expenses (Pan IX, column (A), lines 11a–11d, 11f–24e)	176	,662		976
$\overline{z}$	18   26	tal expenses Add lines 3 17 (must equal Part IX, column (A), line 25)		,416		976
		ventua Yess expenses \$6btract line 18 from line 12		,050		-965
IS of			Beginning of Current		End of Year	
SCAN Assets or Balances	20 To	takassets(Part X; Ime-16)		,931	1	80,966
# 5		tal habilities (Part V line 26)		,550		6,550
žį		et assets or fund balances Subtract line 21 from line 20	1/5	,381	l	<u>74,416</u>
	rt II	Signature Block  f perjury, I declare that I have examined this return, including accompanying schedules and statement	ts and to the hest of my	knowledge		
	•	e, correct, and complete Declaration of preparer (other than officer) is based on all information of whi		-		
ei~						
Sig		Signature of officer	Date		_	
He	re	Charles L Korzenborn, Sheriff Lacked. Kovenline	n 14	May 2	012	
		Type or print name and title				
		Print/Type preparer's name  Preparer's signature	Date	neck X if	PTIN	
Pai		Jerome D Knochelmann Jerom & Smack Mark		elf-employed	P0043877	72
	parer				1, 00 too 1	
Us	e Only	Firm's name 10326 Tiburan Driva Florence KV 41042	Firm's EIN	(0EO) 274	2204	
	4- 152	Firm's address ► 10326 Tiburon Drive, Florence, KY 41042	Phone no	(859) 371-		<del></del> _
May	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes	<u>No</u>
Far	D	Reduction Act Notice, see the separate instructions	· · · · · · · · · · · · · · · · · · ·		Form QQ	O (0044)

636

orm 9	90 (2011)	Kentucky Sheriff's Association	61-1158889	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		X
1	Briefly des	cribe the organization's mission		
		ule O for continuation The purpose of the Kentucky Sheriff's Association shall be		
	to encoura	as as a self-about a bloom and a discretification to a surround that Obsertion Ta		
		e education of the various Sheriff's and their Deputies within the Commonwealth		
		y in all phases of law enforcement practices, prodedure and technique, To resist		
2		anization undertake any significant program services during the year which were not listed on		_
		orm 990 or 990-EZ?	. Tyes	X No
	If "Yes," de	scribe these new services on Schedule O		
3		anization cease conducting, or make significant changes in how it conducts, any program		
	services?	,	Yes	X No
	If "Yes." de	escribe these changes on Schedule O		٠.,٠
4		ne organization's program service accomplishments for each of its three largest program servi	ces, as measurer	l by
		Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re		
		allocations to others, the total expenses, and revenue, if any, for each program service report		•
	J		<b>.</b>	
4a	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Revenu	e \$	0)
		s Sheriff's in the Commonwealth of Kentucky Provides support and determines the best	• • • • • • • • • • • • • • • • • • • •	/
	interest of	the Kentucky Sheriff's Make legislative decisions. Member of the executive board of		
		•••••••••••••••••••••••••••••••••••••••		
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		•••••••••••••••••••••••••••••••••••••••		
4b	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Revenu	ie \$	0)
		••••••		
		••••••		
		•••••••••••••••••••••••••••••••••••••••		
4-	(O-d-	\( \( \( \)		<u> </u>
4c	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	ie ֆ	<u>U_</u> )
		•••••••••••••••••••••••••••••••••••••••		
	•••••			
4d	Other proc	ram services (Describe in Schedule O )		
74	(Expenses		0)	
		yram service expenses ► 0		

	· · · · · · · · · · · · · · · · · · ·	1-1158889	Pa	age 🤄
Par	t IV Checklist of Required Schedules			
4	le the assessment and decombed an applicant FOA/aN/AN as AOA7/aN/AN /athought are a second at an AOA7/aN/AN /athought are a second at		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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	·   -		
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	. 5	<del>  </del>	X
o	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	. 6		Χ
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		
_	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," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	3		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
<b>L</b> .	Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets 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	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pa	art X 11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	446	}	v
122	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Scriedule D, Part X</i>	. 11f		X
120	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "			<u> </u>
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is option			Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	. 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a	<del>                                     </del>	_X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	. 140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
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, Parts III and IV	16	igsqcup	_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	. 17	$\vdash \vdash \vdash$	<u>X</u>
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		_^.
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		Х

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Paŕ	t IV Checklist of Required Schedules (continued)	00000	<u>'</u>	age
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			١.,
04-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	240		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		┢
·	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		$\vdash$
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			$\vdash$
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		}	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	********	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	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	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<del>  ^</del>
Ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ŀ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
25-	III, IV, and V, line 1	34	X	├
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within	35a	X	$\vdash$
IJ	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330	├^	$\vdash$
	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	"		$\vdash$
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI .	37	1	Ιx

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

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

38

orm 9	90 (2011)	Kentucky Sheriff's Association	(	61-1158889	P	age <b>5</b>
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance				
		Check if Schedule O contains a response to any question in this Part V	•	•		
					Yes	No
1a	Enter the	e number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the	e number of Forms W-2G included in line 1a Enter -0- if not applicable .	1b	0		
С	Did the	organization comply with backup withholding rules for reportable payments to vendors a	nd reportable			
	gamıng	(gambling) winnings to prize winners?		1c	Х	
2a		e number of employees reported on Form W-3, Transmittal of Wage and Tax	.	1		
		nts, filed for the calendar year ending with or within the year covered by this return	2a	0		
b		t one is reported on line 2a, did the organization file all required federal employment tax		2b		
		the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	ıctıons)			
3a		organization have unrelated business gross income of \$1,000 or more during the year?	•	3a		X
b		has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a		me during the calendar year, did the organization have an interest in, or a signature or c	•			
	account)	nancial account in a foreign country (such as a bank account, securities account, or oth	er financiai			v
b		enter the name of the foreign country ►	•	4a	-×	X
U		ructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fina	noial Associate	\ ` \		
5a		organization a party to a prohibited tax shelter transaction at any time during the tax ye		5a		
b		taxable party notify the organization that it was or is a party to a prohibited tax shelter tra		5b		X
C		o line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		e organization have annual gross receipts that are normally greater than \$100,000, and	did the			
		tion solicit any contributions that were not tax deductible?		6a		Х
b	If "Yes,"	did the organization include with every solicitation an express statement that such contr	ibutions or			
	gifts wer	e not tax deductible?		6b		
7	Organiz	ations that may receive deductible contributions under section 170(c).		, "%. ;	r dg	, ,
а		organization receive a payment in excess of \$75 made partly as a contribution and partly	/ for goods	``! yi *	**************************************	
		ices provided to the payor?		7a		
b		did the organization notify the donor of the value of the goods or services provided?		7b		
С		organization sell, exchange, or otherwise dispose of tangible personal property for which	ı it was			
_	-	to file Form 8282?		7c	;-	
d		indicate the number of Forms 8282 filed during the year organization receive any funds, directly or indirectly, to pay premiums on a personal ben	7d			
e f		organization receive any lunios, directly of indirectly, to pay premiums on a personal benefit or an action of the sear, pay premiums, directly or indirectly, on a personal benefit or indirectly.		7e 7f		X
g		anization, during the year, pay premiants, directly of indirectly, on a personal benefit to anization received a contribution of qualified intellectual property, did the organization file Form 8i				_
h		anization received a contribution of cars, boats, airplanes, or other vehicles, did the organization is				
8	_	ring organizations maintaining donor advised funds and section 509(a)(3) support		, , , , , ,		
	-	ations. Did the supporting organization, or a donor advised fund maintained by a sponsi	_	153	,	
	organiza	tion, have excess business holdings at any time during the year?	·	. 8		**************************************
9	Sponso	ring organizations maintaining donor advised funds.				
а	Did the	organization make any taxable distributions under section 4966?.		. <u>9a</u>		
b		organization make a distribution to a donor, donor advisor, or related person?		9b		L
10		501(c)(7) organizations. Enter	1			
a		fees and capital contributions included on Part VIII, line 12	10a	<b></b> -		
b		ceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		501(c)(12) organizations. Enter come from members or shareholders	أحمما			
a b		come from other sources (Do not net amounts due or paid to other sources	11a			
D		amounts due or received from them )	11b			
2a		4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		. 12a		لــــــا
b		· · · · · · · · · · · · · · · · · · ·	12b	. 124		
3		501(c)(29) qualified nonprofit health insurance issuers.	<u></u>			
а		ganization licensed to issue qualified health plans in more than one state?		13a		<del></del>
		ee the instructions for additional information the organization must report on Schedule O	ı			
b		e amount of reserves the organization is required to maintain by the states in which				
		nization is licensed to issue qualified health plans	13b			
С	Enter the	e amount of reserves on hand .	13c			
14a		organization receive any payments for indoor tanning services during the tax year?.		. 14a		Х
b	If "Yes,"	has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	edule O	. 14b		L
				Form	990	(2011)

Form 990 (2011) Kentucky Sheriff's Association 61-1158889 Page **6** Part VI 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 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?. 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b Х 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 with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ► KY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply
	X Own website Another's website X Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest
	policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the
	organization Pat Morgan (850) 302.1802

303 Court Street Room 409, Covington, KY 41011

Form 990 (2011)	Kentucky Sheriff's Association	61-1158889	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response to any question in this Part VII		

### 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

- 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, if any 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles er an	Pos neck ss pe	rson	than oth st Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Bruce Hampton	. 1.00			x					_	
President	1 00	X	$\vdash$	-			-	0	0	0
(2) John Aubry NSA Treasurer	1 00	х		x				0	0	0
(3) Keith Cais										
NSA Director	1 00	Х		Х				0	0	0
(4) Chuck Korzenborn	_									
Treasurer	1 00	X		X	_			0	0	0
(5) Steve Sparrow	-	١		١				_		
1st Vice President	1 00	X	_	Х	<u> </u>			0	0	0
(6) Edward Brady					İ					•
2nd Vice President	1 00	Х	-	Х	-	ļ	_	0	0	0
(7) Rodney Coffey 3rd Vice President	1 00	x		X				٥ ا	0	0
(8) Jerry Wagner		<del>-^-</del>	<del>                                     </del>	<del>  ^</del>	-	<b></b> -			0	
Executive Director	1 00	X		X				0	o	o
(9) Troy Young			<u> </u>					_		
Sargent At Arms	1 00	Х		Х		l	Ĺ	l o	<u> </u> 0	0
(10) Zemer Hammond										
Director	1 00	Х						0	0	0
(11) Garrett Roberts	_									
Director	1 00	_ X_			<u> </u>			0	0	0
(12) John Blackburn	_									
Director	1 00	X	<u> </u>	ļ	ļ	ļ		0	0	0
(13) Charlie Williams		<b> </b>		1						
Director	1 00	X	$\vdash$	₩	-	-	<u> </u>	0	0	0
(14) Kevin Corman								1	_	_
Director	1 00	X	<u> </u>		<u> </u>	<u>i</u>	<u> </u>	. 0	0	5 000 (224)

Part VII Section A.	Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	ınd	High	est	Compensated	<b>Employees</b>	(cor	ntınued)
(A) Name and		(B) Average hours per week (describe hours for related organizations in Schedule	(do r	not ch unles	Pos neck ss pe	C) sition more erson direct	a of sight Highest compensated the sight employee	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatic from relate organizatior (W-2/1099-MI	e on d	(F) Estimated amount of other compensation from the organization and related organizations
(15) Craig Peoples		0)		stee			nsated					
Director (16) Bill Marcum		1 00				ļ <u>.</u>			0		0	Q
Director (17) Wallace Whittaker		1 00				_			0		0	0
Director (18) Todd Pate		1 00							0		0	0
Director (19) Wayne Wright Director		1 00 1 00				-			0		0	<u>0</u>
(20)		1 00		-		-						
(21)												
(22)							_					
(23)	*****											
(24)												
(25)												
1b Sub-total c Total from continuati	ion sheets to Part VII, S	Section A						<b>&gt;</b>	0	<del></del>	0	0
d Total (add lines 1b a								<b>•</b>	0	<del>                                       </del>	0	0
	duals (including but not lion from the organization					e) w	ho re	cen	red more than \$	100,000 of		
	st any <b>former</b> officer, du <i>If</i> "Yes," complete Sche					yee	e, or l	nigh	est compensate	ed		Yes No
	ed on line 1a, is the sum elated organizations gre	•							•			4 X
for services rendered	on line 1a receive or acc to the organization? If "	•			-				•	ndıvıdual		5 X
	r your five highest comp e organization Report c											n's tax
	(A) Name and business add	ress							(B) Description of se	rvices	С	(C) compensation
												C
		·						-	,	<del></del>		0
									<del></del>			<u>C</u>
<del></del>	<del> </del>	,										

Total number of independent contractors (including but not limited to those listed above) who received

0

more than \$100,000 of compensation from the organization

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

0

0

0

11

# Form 990 (2011) Kentucky Sheriff's Association 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)		

	Check if Schedule O contains a response to any	question in this Pa	rt IX		. 🗇
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				<i>*</i>
_	organizations in the United States See Part IV, line 21	0		, , , , , , , , , , , , , , , , , , ,	<i>/</i> * '
2	Grants and other assistance to individuals in the				~ •
_	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,			n. 14	Caro that
	organizations, and individuals outside the				, , , , , , , , , , , , , , , , , , , ,
4	United States See Part IV, lines 15 and 16	0		<i>I</i> , ,,,	*
4 5	Benefits paid to or for members Compensation of current officers, directors,	0		16	x& ` ` '*
3	trustees, and key employees	o			
6	Compensation not included above, to disqualified	<u>_</u>			
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	اه			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include	<u>`</u>			
	section 401(k) and 403(b) employer contributions)	l ol			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0	*		
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13 14	Office expenses	0			
15	Information technology Royalties	0			
16	Occupancy	0			
17	Travel	0	<del></del>		
18	Payments of travel or entertainment expenses				
. •	for any federal, state, or local public officials	ol			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	254	. 0	0	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				*
	(A) amount, list line 24e expenses on Schedule O)				
а	Dues and Registrations	0	-		
b	Convention Expense	722			
C C	Bank Charges	0			
d	Donations All other expenses	0			
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	976	0	0	0
26	Joint costs. Complete this line only if the	370		<u> </u>	<u>_</u>
-0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part 2	(2011) Kentucky Sheriff's Association  Kentucky Sheriff's Association	<del></del>	<del></del>	61-1158889 Page <b>11</b>
r are z	Bulance onect	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing .	13,151	1	13,151
2	Savings and temporary cash investments	131,506	2	131,517
3	Pledges and grants receivable, net	0	3	C
4	Accounts receivable, net	4,379	4	4,379
5	Receivables from current and former officers, directors, trustees, key			,
	employees, and highest compensated employees. Complete Part II of	of		
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section	n		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ting		1 5 h h h h
	employers and sponsoring organizations of section 501(c)(9) volunta	ry	ź	
3	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net	C	7	(
₹   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	722	9	(
10				,
		9,235		1, 4,
l i		7,316 32,173	10c	31,919
11	Investments—publicly traded securities	0		(
12	Investments—other securities See Part IV, line 11	0		
13	Investments—program-related See Part IV, line 11		1	(
14	Intangible assets	0	<del>                                     </del>	<u> </u>
15	Other assets See Part IV, line 11			
16	Total assets. Add lines 1 through 15 (must equal line 34)	181,931	16	180,966
17	Accounts payable and accrued expenses	101,501	17	100,500
18	Grants payable		18	
19	Deferred revenue .		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	Payables to current and former officers, directors, trustees, key	* * * * * * * * * * * * * * * * * * * *	0.87	* \$
	employees, highest compensated employees, and disqualified	· · · · · · · · · · · · · · · · · · ·	,	
≣	persons Complete Part II of Schedule L .	to constant Aberranian and American are a substantial and a substa	22	***************************************
<u>23   گا</u>	Secured mortgages and notes payable to unrelated third parties	6,550		6,550
24	Unsecured notes and loans payable to unrelated third parties	0,330	<b>-</b>	0,550
25	Other liabilities (including federal income tax, payables to related thir			<u> </u>
	parties, and other liabilities not included on lines 17-24) Complete	_		
	Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	6,550		6,550
- <del> </del>		), SO		\$46, 21,
20	Organizations that follow SFAS 117, check here  and and	· ·		
2	complete lines 27 through 29, and lines 33 and 34.			<u> </u>
g   27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	-
29	Permanently restricted net assets		29	<u> </u>
[	Organizations that do not follow SFAS 117, check here ▶ X			-
2	and complete lines 30 through 34.			1.
30	Capital stock or trust principal, or current funds	175,381	30	174,416
2 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32 33 34 33 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances .	175,381	33	174,416
34	Total liabilities and net assets/fund balances	181,931		180,966

Form 9	990 (2011) Kentucky Sheriff's Association	61	-1158889	Pag	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			11
2	Total expenses (must equal Part IX, column (A), line 25)	2			976
3	Revenue less expenses Subtract line 2 from line 1	3			-965
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		175	5,381
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	6		474	1.440
Part	column (B)) XII Financial Statements and Reporting	Ь		1/4	<u>1,416</u>
rail	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X 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 accountant?		2a		Х
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 for oversigh the audit, review, or compilation of its financial statements and selection of an independent accountant?	t <b>of</b>	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	1	ř	, ,	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both			Ŷ.	\$,* r
	Separate basis Consolidated basis Both consolidated and separate basis		2 [ ]	<u>~</u>	N i
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 not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			1 4 4 1	990	(2011)

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes." to Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2011

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Kentucky Sheriff's Association 61-1158889 Part i Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" to Form 990, Part IV, line 6 (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 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements . 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

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Page	_

Part	III Organizations Maintaining Colle	ections of Art, Histo	rical Trea	asures, or C	ther Similar Assets	s (continue	ed)	
3	Using the organization's acquisition, access		s, check a	ny of the follo	owing that are a signific	cant		
	use of its collection items (check all that ap	oply)	_					
а	Public exhibition	d	Loan	or exchange <sub>l</sub>	programs			
b	Scholarly research	е 🗀	Other					_
С	Preservation for future generations							-
4	Provide a description of the organization's Part XIV	collections and explain	n how they	further the o	rganization's exempt p	ourpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than					Yes		No
Part		· · · · · · · · · · · · · · · · · · ·					<u> </u>	
	IV, line 9, or reported an amount				rerea res to roini	550, r art		
1a	Is the organization an agent, trustee, custo			ntributions or	other assets not			
	included on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part X	IV and complete the fo	llowing tal	ole		٠		_
		·	•			Amount		
С	Beginning balance				1c			0
d	Additions during the year	•			1d			
е	Distributions during the year .		•		1e			
f	Ending balance				1f	F==-4		0
2a	Did the organization include an amount on		21?			Yes	X I	No
b	If "Yes," explain the arrangement in Part X				<del> </del>			
<u>Part</u>								
4			rior year	(c) Two years	back (d) Three years bac	k (e) Four	years ba	ack
1a	Beginning of year balance .  Contributions	0					Tay ju Pièn Tay ju Pièn	<u> </u>
b							* * / ` * * 5 3888	
С	Net investment earnings, gains, and losses					1. M. M.		<u> </u>
d	Grants or scholarships .					11 3	100	
e	Other expenditures for facilities					***	, 790/- /	-
	and programs							<u>{</u> *
f	Administrative expenses					15 5,7	1 12	
g	End of year balance	0	0		0	0		
2	Provide the estimated percentage of the cu	urrent year end balanc	e (line 1g,	column (a)) h	neld as			
а	Board designated or quasi-endowment	▶ %						
b	Permanent endowment	<u>%</u>						
С	Temporarily restricted endowment	<u>%</u>						
0 -	The percentages in lines 2a, 2b, and 2c sh							
3a	Are there endowment funds not in the poss	session of the organiza	ation that a	are held and a	administered for the	Г	/ I	
	organization by (i) unrelated organizations						es l	No
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations .</li></ul>	•		•		3a(i) 3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ons listed as required o	n Schedu	le R2	•	3b	$\dashv$	
4	Describe in Part XIV the intended uses of t	·				. 00		
Part								
	Description of property	(a) Cost or other basis	1	ost or other	(c) Accumulated	(d) Boo	k value	
		(investment)		s (other)	depreciation	(4) 200	70.00	
1a	Land	(	)	0				0
b	Buildings .	(		0	0			0
C	Leasehold improvements	(		0	0			0
d	Equipment	(	+	0	0			0
_ е	Other		1	39,235	7,316			<u>,919</u>
Total	. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	t X, columi	n ( <u>B),</u> line 10(	(c) ) ▶		31,	<u>,919</u>

Part VII	Investments—Other Securitie	es. See Form 990, Part X,	line 12			
(6	Description of security or category     (including name of security)	(b) Book value	• •	Method of va end-of-year r		ıe
	l derivatives	0				
	held equity interests	0				
(3) Other		0				
		0				
		0				
(C)		0				
( <u>r</u> )		0				
? <u>-</u> }		0				<u> </u>
(F) (G)		0				
(H)		0		• • • • • • • • • • • • • • • • • • • •		
(1)		0				
	b) must equal Form 990, Part X, col (B) line 12)	0				
Part VIII	Investments—Program Relat	ed. See Form 990. Part X	. line 13			
	(a) Description of investment type	(b) Book value	(c)	Method of va		je
(1)		0				
(2)		0				
(3)		0				
(4)		0				<u> </u>
(5)		0				
(6)		0				
(7)		0				
(8)		0				
(9)		0				····
(10)	b) must equal Form 990, Part X, col (B) line 13)	0		*	×.	· &
Part IX	Other Assets. See Form 990,	<del></del>	<u> </u>		<u>₩.</u>	<u>``*887.*</u>
Tartix		a) Description	· · · . · . · . · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0	) Book value
(1)		2, 2000p.i.c				, Dook value
(2)						
(3)						. (
(4)						
(5)						
(6)		<u></u>				
(7)						
(8)					ļ	
(9)						
(10)	(h)	ant (D) to a 45 )				ı
	umn (b) must equal Form 990, Part X, on Other Liabilities. See Form 99			<u> </u>	L	
Part X						
1. (1) Endors	(a) Description of liability	(b) Book value				
(2) Prepai	d Duos	0				
	l Lease Liability	0				
(4)	Lease Clability	0				
(5)		0				
(6)		0				
(7)	· -	0				
(8)		0				
(9)		0				
(10)		0				
(11)		0				
	b) must equal Form 990, Part X, col (B) line 25)	0				

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements that reports the

Sahaa	iulo D /Form 000) 2014		01-1130003	
	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Ei	nancial Statem	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	to Audited Fi	nanciai Stateme	
2	Total expenses (Form 990, Part IX, column (A), line 12)		2	0
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	0
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	
9	Total adjustments (net) Add lines 4 through 8		9	0
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	10	0
Par	t XII Reconciliation of Revenue per Audited Financial State		evenue per Reti	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants .	2c		ž.
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		. 2e	0
3	Subtract line 2e from line 1		. 3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		<b>3</b>
С	Add lines 4a and 4b		_ 4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	0
	Reconciliation of Expenses per Audited Financial Stat	ements With E	<u>Expenses per Ro</u>	eturn
1	Total expenses and losses per audited financial statements		1	avve .
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV) Add lines 2a through 2d	2d		
е 3	Subtract line 2e from line 1		2e	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	3	0
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b	L_ <del></del>	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ne 18 )	5	0
	t XIV Supplemental Information			<u> </u>
_	plete this part to provide the descriptions required for Part II, lines 3, 5, and	9 Part III lines	1a and 4 Part IV	lings 1h
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and			
	part to provide any additional information	- · · · · · · · · · · · · · · · · · · ·		
	,			
	••••••			
			• • • • • • • • • • • • • • • • • • • •	
	***************************************			
		• • • • • • • • • • • • • • • • • • • •		•

	Kentucky Sheriff's Association	61-1158889	
Schedule D (Form		Pa	age 5
Part XIV	Supplemental Information (continued)		
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
· • • • • • • • • • • • • • • • • • • •			
			<b>-</b> -
· • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
· • • • • • • • • • • • • • • • • • • •			
·			

# SCHEDULE (Form 990)

Governments, and Individuals in the United States

**Open to Public** 

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Affach to Form 990

Grants and Other Assistance to Organizations,

OMB No 1545-0047 Inspection
Employer identification number

61-1158889

Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Kentucky Sheriffs Association

Partl

Attach to Form 990.	

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States  Part II Grants and Other Assistance to Governments and Organizations in the United States	tain records to so award the grar nization's proce	substantiate the amits or assistance?  dures for monitoring Governments a	ount of the grants or a g the use of grant func nd Organizations i	ssistance, the granteeds in the United States	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	its or assistance, and anization answered	Yes No
1 (a) Name and address of organization (b) EIN (c) IRC section	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		ıf applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
			0	0			
			0	0			
			0	0			
			0	0			
		i	0	0			
			0	0			
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			0	0			
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			0	0			
			0	0			
			0	0			
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table.	n 501(c)(3) and	government organization in the line 1 table	zations listed in the lin	e 1 table		•	
בוובו נכומו וומווומנו כו כניני י	こうこうしょうしゅうこう		פַ				

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

Schedule I (Form 990) (2011)

Kentucky Sheriffs Association Schedule I (Form 990) (2011)

Part III	Grants and Other Assistance to Individuals in th	dividuals in the U	nited States. Com	plete if the organiza	tion answered "Yes" to F	ie United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Part III can be duplicated if additional space is need	space is needed				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-		0	0	0		
2		0	0	0		
ဗ		0	0	0		
4		0	0	0		
5		0	0	0		
9		0	0	0		
7		0	0	0		
Part IV	Supplemental Information. Complete this part to provide the information required in Part	te this part to provid	de the information r	equired in Part I, line	2, and any other additional information	nal information
				1		
! ! ! ! !				1 1 1 1 1 1 1 1 1 1 1 1 1	1	
1 1 1 1 1 1 1 1						
1 1 1 1 1 1 1 1						
1						
						Schedule I (Form 990) (2011)

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection
Employer identification number

Kentucky Sheriffs Association	61-1158889
Form 990 Part III Line 1 Description of organizations mission. Enforcement, practice,	
ے procedure and technique To resist the constant effort to curtail the efforts of law	
enforcement officers to preserve law and order, and, to do any and all things to promote the	
enforcement of law and order and the suppression of crime. The Kentucky Sheriff's Association	
will support the youth in the Commonwealth of Kentucky by sponsoring the Kentucky Sheriff's	
Boys and Girls Ranch for less fortunate chidren	
Form 990 Part VI Section A Line 6 The organization has individuals who have the right to	
participate in the organization's governance	
Form 990 Part VI Section A Line 7A The organization has members who may elect one or more	
members of the governing body	
Form 990 Part VI Section A Line 7B Law changes at the annual conference are subject to	
approval by any Sheriff who is in good standing by paying their annual dues. Other than the	
annual conference, the board of directors has the final vote on all other issues	
Form 990 Part VI Section B Line 11B The 990 is available for anyone to review and will receive	
a copy upon request	
Form 990 Part VI Section B Line 12C Whenever discusing or voting on matters relating to	
non-member entities with which a board member has a relationshio, the board member shall	
disclose the nature of the relationship to the board. The board may ask the board member	
disclosing the relationship to refrain from voting in any matters relating to the organization	
and the non-member entity. The board shall have final authority to determine if a conflict	
exists in addition, every board member shall sign a conflict of interest achnowledgement	
annually that certifies that the member, A) Has received a copy of the ethics policy B) Will	
read the policy and C) Has agreed to comply Furthermore, failure of any board member to	
comply with the provisions of this ethics policy may constitute grounds for removal from the	
board.	

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization  Kentucky Sheriff's Association	Employer identification number 61-1158889
member of the governing body	
Form 990 Part VI Section C Line 19 The organization makes its bylaws and financial statement	ts
available to the public on their website	
	••••

# SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Kentucky Sheriffs Association Name of the organization

Part I

Open to Public OMB No 1545-0047

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

▶ See separate instructions.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Employer identification number

61-1158889

(g) Section 512(b)(13) controlled å × (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because It had Yes 170(B) (1) (A) (V) Kentucky Sheriffs (f)
Direct controlling
entity 0 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 0 0 (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(C) (3) Legal domicile (state or foreign country) (b) Primary activity Provide a summer prog KY one or more related tax-exempt organizations during the tax year Primary activity (1) The Kentucky Sheriff's Boys and Girls Ranch 61-0880944 (a)Name, address, and EIN of disregarded entity (a)Name, address, and EIN of related organization P O Box 57, Gilbertsville, KY 42044 Part II .(5) 3 4 (5) 9  $\mathbf{\Sigma}$ (1) (2) (5) 9 (2) 3

For Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(k) ' Percentage ownership		%	%	8	%	8	8	8		(h) Percentage ownership	%	%	%	%	%	%	%	0) 2011
	N <sub>o</sub>					-		_	art	a g	-	0	0	0	-		0	)66 E.
(J) General or managing partner?	Yes								90, P	of r assets								e R (Fo
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>&gt;</b>	0	C	0	0	0	0		<b>s a Corporation or Trust</b> (Complete if the organization answered "Yes" to Form 990, Part izations treated as a corporation or trust during the tax year.)	(g) Share of end-of-year assets	0	0	0	0	0	0	0	Schedule R (Form 990) 2011
	No				-				swere )	(f) Share of total income		:						
(h) Disproportionate allocations?	Yes	_							on ans year	Shai					į	]		
	۶	0	0	0	0	0	0	C	nizatio ne tax	- Ó								
(g) Share of end-of- year assets									<b>Identification of Related Organizations Taxable as a Corporation or Trust</b> (Complete if the organization ansi IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	(e) Type of entity (C corp, S corp. or trust)								
		0	0	0	0	- 0	0		plete or tru	guillo								
(f) Share of total income						}			ust (Corr rporation	(d) Direct controlling entity								
Shar									or Tr	micile or ountry)								
od, ed, m	Î								oration eated as	(c) Legal domicile (state or foreign country)						:		
(e) Predominant income (related, unrelated, excluded from tax under tax under sections 510-514)	c-zi c silono								s a Corp zations tr	(b) Primary activity					,			
	й								ble as	Primar								
ntrolling ty							į		<b>Taxa</b> ated o			;	:		:	:	1	
(d) Direct controlling entity									ations									
(c) Legal domicile (state or foreign									Identification of Related Organizations Taxable a IV, line 34 because it had one or more related organ	ganızatıon								
vity									elated It had	elated org								
(b) Pnmary activity									n of Re	(a) d EIN of rr								
<u>ā</u>		<del></del>							catio 34 be	ress, an								
(a) Name, address, and EIN of related organization									Identifi IV, line	(a) Name, address, and EIN of related organization								
(a Name, addra o related or		(1)	(2)	(3)	(4)	(5)	(6)	(7)	Part IV		(1)	(2)	(3)	(4)	(5)	(9)	(7)	

61-1158889

# Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

Note	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Ye	Yes N	No.
_	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Parts II–IV?			
Ø	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a	×	$\cup$
q	Gift, grant, or capital contribution to related organization(s)		1b	×	
ပ			10	×	
ס			1d	×	
Ð			1e	×	
4-	Sale of assets to related organization(s)		11	×	
5	Purchase of assets from related organization(s)		19	×	U
ᆮ	Exchange of assets with related organization (s)		부	×	
· <b>-</b>	Lease of facilities, equipment, or other assets to related organization(s)		i=	×	$\downarrow$
				1	7
· <b>-</b>	Lease of facilities, equipment, or other assets from related organization(s)		;=	×	J
¥	: Performance of services or membership or fundraising solicitations for related organization(s)		¥	×	
-	Performance of services or membership or fundraising solicitations by related organization(s)		=	×	$\downarrow$
Ε			<del>ا</del>	×	
_	Sharing of paid employees with related organization(s)		4	<u> </u>	
				12	
0			인 .	< ;  -	기.
σ	Reimbursement paid by related organization(s) for expenses		1 <sub>p</sub>	<u> </u>	َ ال
				1	- I
σ			19	× :	니.
_	Other transfer of cash or property from related organization(s)		-	×	
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tionships and transa	ction thre	splods	
			(Q)		
	Name of other organization  Transaction  Type (a–r)	Amount involved N	Method of determining amount involved	termining volved	D)
<u>1</u>	(1) The Kentucky Sheriff's Boys & Girls Ranch Trust Short Year No Envolvement	0			1
6		C			
3		0			- 1
<u>4</u>		0			
(2)		0			
(9)		0			
		Schedule	Schedule R (Form 990) 2011	990) 20	17

61-1158889

# Part VI

# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

of gross revenue) find was not a related by gain and in the control of containing sales and in the control of containing and in the containing and in the control of containing and in the containing	(b)	(c)	(d)	(e)	<u> </u>	(1)	(g)	£	Ξ	0	8
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners		Share of	of	Disproportionate allocations?	Code	General or	Percentage
			unrelated, excluded	ı, pro						partner?	
			section 512-514)	Yes	2			Yes No		Yes No	
(1)				1		0	0	↓	0		%
(2)						0	0		0		%
(3)						0	0		0		<b>%</b>
(4)						0	0		0		%
(5)						0	0		0		%
(9)						0	0		0		%
(2)					_	0	0		0		%
(8)						0	0		0		%
(6)						0	0		0		%
(10)						0	0		0		%
(11)						0	0		0		%
(12)						0	0		0		%
(13)						0	0		0		%
(14)						0	0		0		%
(15)						0	0		0		%
(16)						0	0		0		%
									Sche	Schedule R (Form 990) 2011	990) 2011

Schedule R (Fo	orm 990) 2011 Kentucky Sheriff's Association		61-1158889 Page <b>5</b>
Part VII	Supplemental Information		
	Complete this part to provide additional inform instructions)	nation for responses to questions on Scho	edule R (see
	,		
		•••••	
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			****
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		•••••	

# Use of Vehicles (4562 Part V, Section B) - 990

		Business	Commuting	Other	Total		ersonal Use More than Off Duty? 5% owner?			Another vehicle avail for use?	
	Vehicle Description	Miles	Miles	Miles	Miles	Y	N	Y	N	Υ	N
1	2011 Chevy Tahoe	0		0							

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Attachment

Department of the Treasury Internal Revenue Service

► See separate instructions

► Attach to your tax return.

Sequence No 179

	own on return Sheriff's Association	Busin 990	ess or activity to which t	his form relates		Identifying num 61-1158889	ber	
Part I	Election To Expense	Certain Prop	erty Under Section	n 179				
	Note: If you have any listed							
1 Maxim	um amount (see instruction			•		7	1	-
	ost of section 179 property		e (see instructions)				2	
	nold cost of section 179 proj			e instructions)		•	3	
	tion in limitation. Subtract lii	•	•	•		•	4	0
	limitation for tax year Subtr				ad filing	•	+	
	itely, see instructions	ract file 4 from 1	ine i il zelo di less, i	enter-o- ir mann	ea ming		5	О
<u> </u>	(a) Description of	nronorth.	//	) Cost (business use	only	(c) Elected co		, , ,
0	(a) Description of	property	- tr	) Cost (business use	Only)	(c) Elected co	Si	
		<del>-</del>						1 1 4 3 A 5 4 - 1
7 Linkad	property Enter the amount	from line 20		<del> </del>				
	property Enter the amount			0 7	_ 7_		<del></del> _	
	elected cost of section 179 p			lines 6 and 7		•	8	0
	ive deduction Enter the sm			_			9	0
	ver of disallowed deduction						10	ļ
	ess income limitation. Enter				line 5 (see in	structions)	11	
	n 179 expense deduction A		•			r	12	0
	ver of disallowed deduction				13		0	
	not use Part II or Part III bel				<del></del>			
Part II	Special Depreciation					roperty ) (See	ınstru	ictions)
	il depreciation allowance fo		erty (other than listed i	property) placed	in service			
	the tax year (see instruction						14	
•	ty subject to section 168(f)(	` '			•		15	
16 Other	depreciation (including ACF						16	
Part III	MACRS Depreciation	ı (Do not ınclu	de listed property)	(See instruction	ıs)			
			Section A					
<b>17 MACR</b>	S deductions for assets pla	iced in service in	tax years beginning	before 2011			17	
18 If you a	are electing to group any as	ssets placed in s	service during the tax	year into one or i	nore		16	. 351
genera	al asset accounts, check he	re	_			▶□	. *. ~	
	Section B - Assets	Placed in Sen	rice During 2011 Tax	Year Using the	General Den	reciation Syste	<u></u>	<u> </u>
	000000	(b) Month and	(c) Basis for depreciation				Ϊ	
(a)	Classification of property	year placed	(business/investment us	se (d) Recovery	(e) Convention	(f) Method	(0)	epreciation deduction
(4)	Classification of property	in service	only—see instructions	i perioa	(e) Convention	(1) Wethou	(9) 0	spieciation deduction
19 a 3-	year property	64		,			+-	
	year property	1				-	+	<del></del>
	year property	-		<del></del>			+	
	year property	-			<del>                                     </del>		+-	
		;	· · · · · · · · · · · · · · · · · · ·		-		+	
	year property	-		-	<del>                                     </del>		+	
	year property	1		2E 1170		C/I	+-	
	year property			25 yrs	1414	S/L	┼	<del></del>
	sidential rental		<u> </u>	27 5 yrs	MM	S/L	+-	
	perty			27 5 yrs	MM	S/L	+	
	nresidential real			39 yrs	MM	S/L	—	
pro	perty	<u> </u>	<u> </u>	. J	MM	S/L		
	Section C - Assets F	Placed in Servi	ce During 2011 Tax \	Year Using the A	Iternative De		<u>tem</u>	
<b>20 a</b> Cla		1	_			S/L	┷	
b 12-				12 yrs		S/L		· · · · · · · · · · · · · · · · · · ·
c 40-		<u> </u>		40 yrs	MM_	S/L		
Part IV	Summary (See instru	ctions)						
21 Listed	property Enter amount fro	m line 28				•	21	254
22 Total.	Add amounts from line 12,	lines 14 through	17, lines 19 and 20 i	ın column (g), an	d line 21			
	here and on the appropriate					ons	22	254
	sets shown above and plac							
	basis attributable to section		<u> </u>		23			

Form 4562 (2011) Kentucky Sheriff's Association 61-1158889 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (e) (q) (i) Rusiness/ Basis for depreciation Type of property Date placed Method/ Cost or other basis Recovery Depreciation Elected section 179 investment use (business/ investment (list vehicles first) percentage in service use only) period Convention deduction cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use 100 00% 2011 Chevy Tahoe 9/2/2010 200DB - HY 39.235 39.235 27 Property used 50% or less in a qualified business use % S/L -% S/L -% S/L -Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 254 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (do not include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes Yes Nο No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, Yes No by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Do you treat all use of vehicles by employees as personal use? 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (a) (b) (c) (d) (e) (f) Amortization Description of costs Date amortization Amortizable amount Code section Amortization for this year period or begins percentage Amortization of costs that begins during your 2011 tax year (see instructions) Amortization of costs that began before your 2011 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

# Form' 4562

# **Kentucky State Depreciation and Amortization**

# (Including Information on Listed Property)

OMB No 1545-0172 2011

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return

Attachment

	- occopatat	o modiaodion	-	ritta on to jou	- aax rotarrii		<u> </u>	CHOC NO III
Name(s) shown on return		ness or activit	y to which this	form relates		Identifying num	ber	
Kentucky Sheriff's Association			- O4' 4'	70		61-1158889		
Part I Election To Expense	•	•						
Note: If you have any liste  1 Maximum amount (see instructio		ele Part V ber	ore you comple	HE Part I			14	
		na (ana inatr	untions)			•	1	
2 Total cost of section 179 property				antructions)			3	
<ul><li>3 Threshold cost of section 179 pro</li><li>4 Reduction in limitation Subtract</li></ul>				istructions)			4	0
5 Dollar limitation for tax year Sub				or O. If more	od filma	•	14	<u>_</u>
separately, see instructions	liaci iiile 4 iioiii i	iiile i ii Zei	o or iess, eric	51 -0- II Mani	eu illing		5	0
6 (a) Description of	nroperty	· · ·	(b) C	ost (business use	only)	(c) Elected co		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(a) Description of	property		(6) 0	ost (business use	Omy)	(C) Liected CO	31	Z-2 10 1
								( - <b>3</b> ,
7 Listed property Enter the amoun	t from line 29	L	•	•	7			,
8 Total elected cost of section 179		mounts in co	olumn (c) line	s 6 and 7			8	0
9 Tentative deduction Enter the sr			,,,,,,,,,	o o una i		•	9	0
10 Carryover of disallowed deductio			Form 4562		•		10	<u>_</u>
11 Business income limitation Ente				than zero) or	line 5 (see in	structions)	11	
12 Section 179 expense deduction					(		12	0
13 Carryover of disallowed deductio		-			▶ 13		0	- 3° 4°%; 4°;
Note: Do not use Part II or Part III be					<del>.</del>	-		
Part II Special Depreciation	n Allowance a	nd Other [	Depreciation	n (Do not inc	clude listed p	roperty ) (See	instru	uctions)
14 Special depreciation allowance for	or qualified prope	erty (other th	nan listed pro	perty) placed	ın service			
during the tax year (see instruction	ons) .						14	
15 Property subject to section 168(f)	(1) election						15	
16 Other depreciation (including AC						•	16	
Part III MACRS Depreciatio	<b>n (Do not</b> inclu	ide listed p	roperty) (Se	e instruction	ıs)			
		Section			<del> </del>			
17 MACRS deductions for assets plants							17	<u></u>
18 If you are electing to group any a		service durir	ng the tax yea	ir into one or r	nore		187	
general asset accounts, check he	ere	•				▶□	7	y vika i <u> </u>
Section B - Assets	s Placed in Serv	vice During	2011 Tax Ye	ar Using the	General Dep	reciation Syste	m	
(a) Classification of property	(b) Month and year placed in service	(business/i	for depreciation investment use e instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) D	epreciation deduction
19 a 3-year property	<u> </u>			<del>                                     </del>			†	
<b>b</b> 5-year property	7						$\dagger$	
c 7-year property	┦ 、						1	
d 10-year property	1							
e 15-year property								
f 20-year property								
g 25-year property				25 yrs		S/L		
h Residential rental			·	27 5 yrs	MM	S/L		
property				27 5 yrs	MM	S/L		
i Nonresidential real				39 yrs	MM	S/L		
property		<u></u>			MM	S/L		
Section C - Assets	Placed in Servi	ce During 2	2011 Tax Yea	r Using the A	Iternative De	preciation Syst	tem	
20 a Class life	_			ļ		S/L	┷	
b 12-year		<del> </del>	. <u></u>	12 yrs		S/L	↓	
c 40-year				40 yrs	MM	S/L		
Part IV Summary (See Instru								<del></del>
21 Listed property Enter amount fro						•	21	254
22 Total. Add amounts from line 12								
Enter here and on the appropriat						ons	22	254
23 For assets shown above and pla		uring the cur	rent year, ent	er the portion				» <u>.</u>
of the basis attributable to section	II ZOJA COSIS				23	1		1 . '

Kentucky State Form 4562 (2011) Kentucky Sheriff's Association 61-1158889 Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (a) (e) (f) (1) (d) (a) (h) Business/ Basis for depreciation Type of property Date placed Cost or other basis Recovery Method/ Depreciation Elected section 179 investment use (business/ investment use only) deduction (list vehicles first) in service percentage Convention 25 Special depreciation allowance for qualified listed property placed in service during 43 the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 2011 Chevy Tahoe 9/2/2010 100 00% 200DB - HY 39.235 39.235 Property used 50% or less in a qualified business use % S/L -% S/L -% S/L -Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 254 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) (a) (b) (c) Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 2 Vehicle 6 30 Total business/investment miles driven during the year (do not include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes Νo Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, Yes No by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (a) (b) (d) (c) (e) Amortization Description of costs Date amortization Amortizable amount Code section Amortization for this year period or begins percentage Amortization of costs that begins during your 2011 tax year (see instructions) 43 Amortization of costs that began before your 2011 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

44

# Form 1128

# Application To Adopt, Change, or Retain a Tax Year

(Rev January 2008) Department of the Treasury Internal Revenue Service

► See separate instructions.

OMB No 1545-0134

Attachment

Sequence No 148

Ŀ	art I General Information	
	Important: All filers must complete Part I and sign below. See instructions	Electe identifying number
	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
	Kentucky Sheriff's Association  Number, street, and room or suite no (if a P O box, see instructions)	61-1158889  Service Center where income tax return will be filed
Ħ	P O Box 524	Ugden, UT 84201-0027
or Print	City or town, state, and ZIP code	Filer's area code and telephone number/Fax number
	Covington, KY 41014	(859) 392-1802 /
ype	Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
	The or applicant, it different than the first (accompanies)	/ priorition to state in the state of the st
	Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number /
•	1 Check the appropriate box(es) to indicate the type of applicant (	see instructions)
	Individual Cooperative (sec. 1381(a))	Passive foreign investment company (PFIC)
	Partnership Controlled foreign corporation (CFC) (sec 957)	(sec 1297)
	Estate Foreign sales corporation (FSC) or Interest-char	ge Other foreign corporation
	Domestic corporation domestic international sales corporation (IC-DIS	
	S corporation Specified foreign corporation (SFC) (sec 898)	Homeowners Association (sec 528)
	Personal service 10/50 corporation (sec 904(d)(2)(E))	Other
	corporation (PSC) Trust	(Specify entity and applicable Code section)
3 	Adopt a tax year ending ► (Partnerships a X Change to a tax year ending ► 12/31/2011  Retain a tax  b If changing a tax year, indicate the date the present tax year ends. ►  c If adopting or changing a tax year, the first return or short period return beginning ► December 1 , 20 11 , and ending ►  Is the applicant's present tax year, as stated on line 2b above, also its  If "No," attach an explanation	n will be filed for the tax year  December 31 , 20 2011  current financial reporting year? ► X Yes No
	Signature—All Filers (See Who Must S	ian in the instructions \
Und	ler penalties of perjury, I declare that I have examined this application, including accompanying schedu	
	belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all information	
	Filer*	Preparer (other) than filer)
/	$\mathcal{L}$	1 Day 1/1/2
2	ralles 20 mgulion 2/20/2012	6Mer 1 1000 May 2/20/2012
	Signature and date	Signature of individual preparing the application and date
<u>C</u> h	uck Korzenborn, Treasurer Jerom  Name and title (print or type)	e D Knochelmann  Name of individual preparing the application
	he application is filed on behalf of a controlled foreign corporation or a Jerom 50 corporation by a controlling domestic shareholder, see instructions	e D. Knochelmann Name of firm preparing the application

Form	1128 (Rev 1-2008) Kentucky Sheriff's Association 61-	1158889	Pa	age 3
<b>`</b> 6	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short peri	od Y	Yes	No
	Generated Expiring			
	Net operating loss \$ \$			
	Capital loss . \$ \$ Unused credits \$ \$			
7	Enter the amount of deferral, if any, resulting from the change (see section 5 05(1), (2), (3) and 6 01(7) o	,f		
·	Rev Proc 2002-39, or its successor)	.		
8a	Is the applicant a U S shareholder in a CFC?	—▶ [		Χ
	If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the			
	percentage of total combined voting power of the applicant, and the amount of income included in the gro		*,,	,
	income of the applicant under section 951 for the 3 tax years immediately before the short period and for	the	1	
	short period			
b	Will each CFC concurrently change its tax year?	▶ _		
	If "Yes" to line 8b, go to Part II, line 3	- 110	Ì	
	If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the shareholder	eus	1	
9a	Is the applicant a U.S. shareholder in a PFIC as defined in section 1297?	<b>▶</b>		X
	If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the	ne 🗀		
	percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and r	net	.	ļ
<b>L</b>	capital gain from the PFIC included in the income of the applicant			
	Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund?  Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corpo	ration		_X
iva	a shareholder of an IC-DISC, or a shareholder of an FSC?	ration,		X
	If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership,	trust,	2.4	
	estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percent		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1
	interest of each IC-DISC or FSC and the amount of income received from each entity for the first precedi	1000	08%/	j
<b>L</b>	and for the short period. Indicate the percentage of gross income of the applicant represented by each at	mount 📱		
	Will any partnership concurrently change its tax year to conform with the tax year requested?  If "Yes" to line 10b, has any Form 1128 been filed for such partnership?			
11	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technic	cal	>	
	advice request pending with the IRS National Office?	▶ [		Х
	If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues	; [·]	Ž.,	
12	Involved in each request		ــــــــــــــــــــــــــــــــــــــ	
12 13	Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application?  Does the applicant request a conference of right (in person or by telephone) with the IRS National Office.	ıf the	* -	X
	IRS proposes to disapprove the application?			
14	Enter amount of user fee attached to this application (see instructions)	▶ \$		
	ion B—Corporations (other than S corporations and controlled foreign corporations) (see instruction	ns)		
15	Enter the date of incorporation ► 11/23/1954			
16a	Does the corporation intend to elect to be an S corporation for the tax year immediately following the sho	rt [ <u>}</u>	Yes	No
L	period?	▶  -		
D	If "Yes," will the corporation be going to a permitted S corporation tax year?  If "No" to line 16b, attach an explanation	▶⊢		
17	Is the corporation a member of an affiliated group filing a consolidated return?			
	If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidate	d · F		
	return, tax year, and Service Center where the applicant files the return, (b) the name, address, and iden			
	number of each member of the affiliated group, (c) the taxable income (loss) of each member for the 3 years.	ears	}	;
	immediately before the short period and for the short period, and (d) the name of the parent corporation			
18a	Personal service corporations (PSCs) Attach a statement providing each shareholder's name, type of en			
	(individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership	p, and		
L	amount of income received from the PSC for the first preceding year and the short period.			
D	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year.  Grandfathered (attach copy of letter ruling)  Section 444 election (date of election	,		'
	Letter ruling (date of letter ruling (attach copy))	— ′		

Form 1	128 (Rev 1-2008) Kentucky Sheriff's Association 61-1158889	۶	age 4			
Secti	on C—S Corporations (see instructions)					
19	Enter the date of the S corporation election	Yes	No			
20	Is any shareholder applying for a corresponding change in tax year?					
	If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get					
	advance approval to change its tax year					
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year					
	Grandfathered (attach copy of letter ruling) Section 444 election (date of election)	,	1			
	Letter ruling (date of letter ruling (attach copy))		,			
22		٠,	}			
	subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying	′				
	number, tax year, percentage of ownership, and the amount of income each shareholder received from the S					
	corporation for the first preceding year and for the short period					
	on D—Partnerships (see instructions)					
23		Yes	No			
24	Is any partner applying for a corresponding change in tax year?	», n.	- 1			
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust,		, 3			
	corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of		1			
	Interest in capital and profits					
26	Is any partner a shareholder of a PSC as defined in Regulations section 1 441-3(c)?					
	If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest	<b>R.</b> 3	8			
	in capital and profits, and the amount of income received from each PSC for the first preceding year and for the					
	short period					
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year	. 5 4	. 51			
	Grandfathered (attach copy of letter ruling) Section 444 election (date of election )	- T	3			
	Letter ruling (date of letter ruling (attach copy))	×400	( )1			
Secti	on E—Controlled Foreign Corporations (CFC)	2	L!			
	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address,	with	58r 1.4 480 -			
20	identifying number, tax year, percentage of total value and percentage of total voting power, and the amount	(				
	of income included in gross income under section 951 for the 3 tax years immediately before the short period		.			
	and for the short period	Salar Salar	3, 4			
Secti	on F—Tax-Exempt Organizations	%	3.00			
	Type of organization	Vaa	Na			
		Yes	No			
30		12.6				
31	Code section under which the organization is exempt   501 (C) 6	· ```	<u>~~</u> @i			
32		X	<del></del>			
33	Enter the date the tax exemption was granted > 9/1/1993 Attach a copy of the letter ruling granting					
	exemption If a copy of the letter ruling is not available, attach an explanation	<u> </u>				
34	If the organization is a private foundation, is the foundation terminating its status under section 507?	L	L			
	on G-Estates	·				
	Enter the date the estate was created		<del>.                                      </del>			
36 a	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each pe	rson w	/no			
	is an interested party of any portion of the estate					
b	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing t					
	distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before	e the				
	short period and for the short period					
	on H—Passive Foreign Investment Companies					
37	If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's nar	ne,				
	address, identifying number, and percentage of interest owned					