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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 - The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning		Dec 1	, 2011, and ending Nov 30	, 2012																																																										
B Check if applicable		C Name of organization		D Employer identification number																																																										
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	IOWA STATE SHERIFFS' & DEPUTIES' ASSOCIATION		42-0869282																																																										
<input type="checkbox"/> Initial return	<input type="checkbox"/> Terminated	Number and street (or P O box, if mail is not delivered to street address)		Room/suite																																																										
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	PO BOX 107																																																												
		City or town, state or country, and ZIP + 4		IA 50112																																																										
				F Group Exemption Number																																																										
G Accounting Method		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ► _____																																																										
I Website:		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																																												
J Tax-exempt status (check only one) —		<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (6)	► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																										
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return																																																														
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ 143,813.																																																												
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)																																																														
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																														
<table border="1"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received</td> <td>1</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3</td> </tr> <tr> <td>4 Investment income</td> <td>4</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td>5a</td> </tr> <tr> <td> b Less: cost or other basis and sales expenses</td> <td>5b</td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c</td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td></td> </tr> <tr> <td> a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td>6a</td> </tr> <tr> <td> b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td>6b</td> </tr> <tr> <td> c Less direct expenses from gaming and fundraising events</td> <td>6c</td> </tr> <tr> <td> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td>6d</td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td>7a</td> </tr> <tr> <td> b Less: cost of goods sold</td> <td>7b</td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>7c</td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td>8</td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6d, 7c, and 8</td> <td>9</td> </tr> <tr> <td>10 Grants and similar amounts paid (list in Schedule O)</td> <td>10</td> </tr> <tr> <td>11 Benefits paid to or for the members</td> <td>11</td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td>12</td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td>13</td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td>14</td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td>15</td> </tr> <tr> <td>16 Other expenses (describe in Schedule O)</td> <td>16</td> </tr> <tr> <td>17 Total expenses. Add lines 10 through 16</td> <td>17</td> </tr> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td>18</td> </tr> <tr> <td>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td> <td>19</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td>20</td> </tr> <tr> <td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td> <td>21</td> </tr> </table>					1 Contributions, gifts, grants, and similar amounts received	1	2 Program service revenue including government fees and contracts	2	3 Membership dues and assessments	3	4 Investment income	4	5a Gross amount from sale of assets other than inventory	5a	b Less: cost or other basis and sales expenses	5b	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	6 Gaming and fundraising events		a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	c Less direct expenses from gaming and fundraising events	6c	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7a Gross sales of inventory, less returns and allowances	7a	b Less: cost of goods sold	7b	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	8 Other revenue (describe in Schedule O)	8	9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6d, 7c, and 8	9	10 Grants and similar amounts paid (list in Schedule O)	10	11 Benefits paid to or for the members	11	12 Salaries, other compensation, and employee benefits	12	13 Professional fees and other payments to independent contractors	13	14 Occupancy, rent, utilities, and maintenance	14	15 Printing, publications, postage, and shipping	15	16 Other expenses (describe in Schedule O)	16	17 Total expenses. Add lines 10 through 16	17	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	20 Other changes in net assets or fund balances (explain in Schedule O)	20	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21
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SCANNED
FEB 07 2013

EXPENSES

ASSETS

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	214,428.	232,959.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)	0.	0.
25 Total assets	214,428.	232,959.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	214,428.	232,959.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **SCHOOLS FOR LAW ENFORCEMENT**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

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

28 SCHOLARSHIPS	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,000.
29 DEATH BENEFITS	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,750.
30 SCHOLARSHIPS FOR LAW ENFORCEMENT & RELATED EXPENSES	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	300.
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	8,050.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BILL SAGE 1210 E 12TH #9 ATLANTIC IA 50022	FINANCIAL ADMIN. 10.00	9,400.	0.	0.
MARK JOHNSON 225 EAST 6TH WATERLOO IA 50703	DEPUTIES 2.00	0.	0.	0.
DON ORGEL 1116 14TH AVE ELDORA IA 50627	PRESIDENT 4.00	0.	0.	0.
JERRY DUNBAR 221 W 2ND ST WASHINGTON IA 52353	SEC/ TREASURER 2.00	900.	0.	0.
ROB HALEY 801 WEST SOUTH STREET MT AYR IA 50584	AT LAR DIR 2.00	0.	0.	0.
DON DEKOCK 214 HIGH AVE E OSKALOOSA IA 52577	FIRST VP 2.00	0.	0.	0.
DEWET HILDEBRANDT 111 4TH ST NE WAVERLY IA 50677	DIRECTOR 2.00	0.	0.	0.
BRIAN GARDNER PO BOX 669 CEDAR RAPIDS IA 52406	2ND VICE PRES 2.00	0.	0.	0.
GREGG MORTON 1200 W GRIMES FAIRFIELD IA 52556	AT LARGE DEPUTIES 2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V. Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O 33 X
- 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X
- b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35b X
- c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35c X
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 X
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0 37b X
- b Did the organization file Form 1120-POL for this year? 38a X
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b
- b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a
- 39 Section 501(c)(7) organizations. Enter. 39b
- a Initiation fees and capital contributions included on line 9 40a
- b Gross receipts, included on line 9, for public use of club facilities 40b
- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40c X
- b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40d
- c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e X
- d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40g
- 41 List the states with which a copy of this return is filed ► _____

- 42a The organization's books are in care of ► ROYAL ROLAND Telephone no. ► (641) 236-6558
Located at ► 808 4TH AVE GRINNELL IA ZIP + 4 ► 50112 42b X
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ► _____ 42c X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

- c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ► _____ 42d

- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43
- 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a X
- b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b X
- c Did the organization receive any payments for indoor tanning services during the year? 44c X
- d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d
- 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a X
- b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I .

	Yes	No
46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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

e Total number of other employees paid over \$100,000

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

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

e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

11/11/13

Sign _____ **Signature of officer** _____ **Date** _____

Sign Here _____ Name _____ Financial Administrator _____

► William Sage (Formerly William Sage)
Type or print name and title

Print name and title
Dentist's name

Print/Type preparer's name **Preparer's signature** **Date** **Check** if **PTIN**

Paid ROYAL R ROLAND 01/04/13 self-employed P01268099

Preparer Firm's name ► ROLAND DIELEMAN CPAS

Use Only Firm's address ► PO BOX 107 Firm's EIN ► 42-1236686

GRINNELL IA 50112-0107 Phone no (641) 236-6558

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**

Name of the organization

IOWA STATE SHERIFFS' & DEPUTIES' ASSOCIATION

Employer identification number

42-0869282

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

SCHOOLS	17,224.
PROMOTION	6,391.
GENERAL	365.
Total	<u>23,980.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compensation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> JOHN GODER PO BOX 669 CEDAR RAPIDS IA 52406 Foreign City	Title AT LARGE DEPUTIES			
Foreign Country	Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> RICK LINCOLN 612 N 2ND CLINTON IA 52733 Foreign City	Title AT LARGE SHERIFF			
Foreign Country	Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LONNIE PULKRABEK 511 S CAPITOL IOWA CITY IA 52240 Foreign City	Title AT LARGE SHERIFF			
Foreign Country	Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DAWN DISNEY PO BOX 297 MONTEZUMA IA 50171 Foreign City	Title AT LARGE SHERIFF			
Foreign Country	Hours/Week 2.00	0.	0.	0.