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1212

Form Department of the Treasury Internal Revenue Service

# of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

$\tilde{\mathcal{A}}$	Depar	tment of the Treasury		27, or 4947(a)(1) of the Internal Rev benefit trust or private foundat ave to use a copy of this return to sa	ion)			Open to Public
D.			lar year, or tax year beginning		,	3 -		1
\$ 2.5 m				rolina Sheriffs'			) Employe	r identification number
:K` <b>Ш</b>	_	ddress change		ion, Inc.				
	]	Dour	g Business As				56-1	.079943
್	N	ame change	ber and street (or P O box if mail is not del	livered to street address)	Room/s	suite E	Telephon	
့ တွ	i [] In	utial return	О. Вож 20049	······,			010-	743-7433
	, Ē		town or post office, state, and ZIP code	-			919	745-7455
<b>₩</b>	<u>-</u>		•	NC 27619-0049				. E 444 1EO
45 <b>5</b>	[ <u>취</u> ^		leigh e and address of principal officer	NC 27819-0049			Gross receip	ts\$ 5,444,150
\ <b> </b>	A	pplication pending I	• •	1 T	H(a)	Is this a groi	up retum for at	filiates? Yes X No
₩ ₹	(		dmond W. Caldwell	I, UE.	шь	Ann all affile	ates included	Yes No
S	•		O. Box 20049	NG 07610 0040	''(5)			see instructions)
135			aleigh	NC 27619-0049		11 110,	dilaci) a list (	see manuchona)
11 <b>~</b>				(insert no ) 4947(a)(1) or 5	27			
M			ncsheriffs.org				nption numbe	
2/2			Corporation Trust Association	Other -	L Year of for	rmation 19	80 M	State of legal domicile NC
2/	Pa	art I Summa				_		
)		•	the organization's mission or m	ost significant activities				
	2	See Sche	edate O					
	na							
	Ş			AT 1 T	ITE HAIT			
	Governance	2 Check this box	If the organization disconti	dy (Part VI, line 1a)	<b>冷声型型25%</b> 。	of its net a	ssets	
		<ol><li>Number of votal</li></ol>	ng members of the governing bo	dy (Part VI, line 1a) REC	FIVED		3	13
	Activities &	4 Number of Inde	nendent voting members of the	doverning hody (Part VI, line 1h)			4	13
	₹	5 Total number o	findividuals employed in calend:	ar year 2012 (Part V, line 2a) JUN	2 7 2010		5	24
	5	6 Total number o	f volunteers (estimate if necessa	nn ()			6	0
	`	7a Total unrelated	business revenue from Part VIII	, column (C), line 12	BRANCH		7a	0
		b Net unrelated b	ousiness taxable income from Fo	m 990-PIEC34-IV/FD 0	GDEN _		7b	0
	$\Box$			TEOL/VIII		Prior Year		Current Year
	e l		nd grants (Part VIII, line 1h)	300 JUN 2 3 2016 OSO			,719	503,766
	Revenue	9 Program service	e revenue (Part VIII, line 2g) ome (Part VIII, column (A), lines 5 (Part VIII, column (A), lines 5, 6d	18 HN 2 3 2016 19	2	2,458		4,929,411
	ě	10 Investment inco	ome (Part VIII, column (A), lines	3,4, and 7d) 2 2 2 3 8			,028	1,137
	"		(1 all 1 m) column (1 y) mico of co				,911	9,734
		12 Total revenue -	- add lines 8 through 11 (must ed	qual Part Min boltomin (A) -line 12)		2,961	<u>, 655 </u>	5,444,048
		13 Grants and sim	ılar amounts paid (Part IX, colun	nn (A), lines 1–3)	<u> </u>			0
		14 Benefits paid to	or for members (Part IX, colum	n (A), line 4)				0
	S	15 Salaries, other-	compensation employee benefit	ts (Part IX, column (A), lines 5–10)		L,000_	,145	1,280,745
9	Expense	16aProfessional fu	ndraising bes (Partix, column	A), line 11e)				0
2	3 <u>8</u>	b Total fundraisin	grexpenses (Part IX, column (p)	, line 25) ► 904,672				Ģ.
co	, iii	17 Other expens	Part IX Column (A) Inges I Ca	-11d, 11f-24e)	1	L,353	, 699	1,824,234
C	<b>)</b>	18 Total expens	Add lines 13-17 (must equal/P	art IX, column (A), line 25)		2,353	,844	3,104,979
		19 Revenue less	xpenses Subtract line 18 from	ne 12			,811	2,339,069
	Net Assets or Fund Balances		OGDEN, UT			ing of Curre		End of Year
	9.0	20 Total assets (P	art X, line 16)	<del>-</del>		L,898		3,544,150
SCANNED	ZE	21 Total liabilities					,855	157,226
Z	조리		und balances Subtract line 21 fro	om line 20	11	.,3 <u>35</u>	<u>,013[</u>	<u>3,386,924</u>
5	<u>: Ра</u>	irt II Signati	ıre Block					
Ğ	Und			return, including accompanying schedule				y knowledge and belief, it i
છ	true	e, correct, and complet	<del>~~~~////</del>	n officer) is based on all information of w	nich preparer nas	any knowi	leage	/
			<del></del>	well 41			6/17/	16
	Sig				_		.Date	
	Her		nond W. Caldwell	, Jr. E	xecutive	<u>e VP</u>	<u>&amp; Gen</u>	eral Counsel
			int name and title					
		Print/Type prepare	er's name	Preparer's signature		Date	Check	of PTIN
	Paid	DOIT IT. HUIN		Jon A. Lund			L6 self-emplo	
	Prep	FIIII S Haille	Perkins, Lunc		ates, PI	LC Firm	n's EIN 🕨	56-2034483
	Use	Only	2607 Oberlin	Rd Ste 104				
		Firm's address	Raleigh, NC	27608-1320		Pho	ne no S	19-781-1721
	May	the IRS discuss this	return with the preparer shown a	above? (see instructions)				X Yes No
	For P	aperwork Reduction	Act Notice, see the separate instru	uctions.				Form <b>990</b> (2012)

m 990 (20°	12) North	n Carolin	a Sheriffs'	56-1079943	Page <b>2</b>
art ili			Service Accomplishment		$\overline{\mathbf{X}}$
D . 0 . 1			ntains a response to any qu	lestion in this Part III	<u>A</u> _
	escribe the o chedule	rganization's miss	on.		
,ee 5.	CIICULL				
Dud the a		undardaka any ara	uficant program convects during th	a waar which ware not listed on the	<del></del>
	m 990 or 990		milicant program services during th	e year which were not listed on the	X Yes No
•		se new services o	n Schedule O		
			or make significant changes in ho	w it conducts, any program	
services	?				☐ Yes 🏻 No
		se changes on Sc			
	_			its three largest program services, as mea	
			• • •	eport the amount of grants and allocations	to others,
the total	expenses, a	nd revenue, if any	for each program service reporter	1	
(Code	) (E	xpenses \$	794,261 including grants	of\$ ) (Revenue	e \$
			Scholarship - T	he Association has de	
efine	ed a pi	cogram of	professional sta	ndards and training i	for their offic
				tion operates a schol	
				an opportunity to pu	ırsue higher
duca	tion or	portunit	les in the field	of criminal justice.	-
			000 000	<del></del>	<del></del>
(Code.		xpenses \$	928,377 including grants		
				central information ing and standards for	
				r the Sheriffs. Maint	
				fs' Association, as v	
nd Si	heriffs	s' Associa	stions in other s	tates and other law	enforcement
			in North Carolin		SIILOICEMEIIC
CIAC	eu assi	CIACIONS	III NOICH CATOIII	<b>a.</b>	
		<del> </del>			
(Code		xpenses \$	174,399 including grants		
				- Monitors actions h	
				e courts that affect	
				ate for the interest	
				of state government t	to coordinate
rogra	ams tha	it are imp	portant to law en	rorcement.	
•	=	es (Describe in S			
(Expens			including grants of\$	) (Revenue \$	
lotal pr	ogram servi	ce expenses 🕨	2,100,576	<del></del>	

<u>Forr</u>	n 990 (2012) North Carolina Sheriffs' 56-10/9943		<u>Р</u>	age 3
P	art IV Checklist of Required Schedules		<u> </u>	
4	In the experience described in section E01(a)(2) or 4047(a)(1) (ather than a private foundation)? If "Voc."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	1
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_	Ĺ	X
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	j	,	]
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		1	ł
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6	1	x
~	"Yes," complete Schedule D, Part I	-	<del> </del>	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."	- <del>'</del> -		
J	complete Schedule D, Part III	8	1	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	<u>                                    </u>		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			1
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.	=	J.	=
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		ĺ
	complete Schedule D, Part VI	11a	X	
b	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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		İ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444	l	x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	<u>├</u> ^-
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	^	
•	the organization's separate or consolidated infancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			.,
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		X
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	<del></del>	<u> </u>
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del></del>		<del></del>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

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

	art iv Offecklist of Regulied Ochedules (Continued)			
		{	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			37
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>x</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			37
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- }		
	organization's current and former officers, directors, trustees, key employees, and highest compensated		x	
	employees? If "Yes," complete Schedule J	23	<del>-^-</del> -	
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			v
	through 24d and complete Schedule K. If "No," go to line 25	24a		<u>_X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		ŀ	37
	- · · · · · · · · · · · · · · · · · · ·	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	- 1	1	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part I	25b	-+	<u>_X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or		- 1	37
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	- 1	ĺ	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ł	37
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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		28a	<del></del>	<u> </u>
þ		201	į	v
_	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-		v
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	ļ	x
24	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31	İ	$\mathbf{x}_{-}$
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-31-	<del> </del>	
JZ	complete Schedule N, Part II	32	1	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
<b>J</b> J	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 1	X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	-33	~ +	<u></u>
-	or IV, and Part V, line 1	34	1	x
352	· · · · · · · · · · · · · · · · · · ·	35a	$\dashv$	$\frac{\ddot{\mathbf{x}}}{\mathbf{x}}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	902		
-		35b	ı	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	J	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del></del>	$\dashv$	<u></u> -
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	- }	- 1	
	Part VI	37	}	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del> </del>	$\dashv$	
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10 - Hotel / All 1 Office of India and Indiana to complete companie C	1	200	

_Pa	Check if Schedule O contains a response to any question in this Part V	,						
	Check if ochequie o contains a response to any question in this rait v				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	16	== _=		110		
b	· · · · · · · · · · · · · · · · · · ·	1b	0	1 .	-	-		
C				= =	= =	==		
	reportable gaming (gambling) winnings to prize winners?			1c	X	`		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		F ,=	₹ -	=		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 24							
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns	?	2b	X	<u> </u>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)						
3a				3a_		X		
				3b		<b>!</b> -		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other							
	over, a financial account in a foreign country (such as a bank account, securities account, or other	finan	cıal	١. ١				
	account)?			4a	<u>-</u> -	X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financia		counts	E-		v		
5a			0	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	sactic	in /	5b				
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	d the		5c_		├─		
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did organization solicit any contributions that were not tax deductible as charitable contributions?	ıııe		6a		x		
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	ifions	or	- ba		^		
	gifts were not tax deductible?	100113	OI .	6b				
7	Organizations that may receive deductible contributions under section 170(c).			U.				
а		or aoc	ods		= _	=		
_	and services provided to the payor?	J. J.		7a	-	$\mathbf{x}^{-}$		
b				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was						
	required to file Form 8282?			7c_		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			-			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	t con	ract?	7e_		X		
f				7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form	8899 as required?	7g		X		
			n file a Form 1098-C?	7h		X		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsorii	ng						
_	organization, have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.				-	- 1		
a	Did the organization make any taxable distributions under section 4966?			9a 9b		├──		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?			90				
a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a		-	-	- <sup>-</sup>		
b	· · · · · · · · · · · · · · · · · · ·	10b		=	<u> </u>	- :		
11	Section 501(c)(12) organizations. Enter			1	-	- 1		
. а		11a		an. 1	~	Ξ.		
b	Gross income from other sources (Do not net amounts due or paid to other sources			-	_			
	· · · · · · · · · · · · · · · · · · ·	11b		<u>-</u> 2 -	= =	- :		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	orm 1	041?	12a		- "		
		12b		==	= -			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	10.11			13a				
	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which			프리	五 日			
	the organization is licensed to issue qualified health plans	13b		] .]		:		
C	Enter the amount of reserves on hand	13c			-73			
14a				14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedi	ule O		14b				

56-1079943 Form 990 (2012) North Carolina Sheriffs' Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Νo Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year 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 13 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a X 10a Did the organization have local chapters, branches, or affiliates? 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 | 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 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," 12c X describe in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 14 X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NC 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 Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20

323 West Jones St.

NC 27603

Raleigh

organization ▶ Edmond W. Caldwell, Jr.

Section A.

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

Check if Schedule O contains a response to any question in this Part VII
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

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

(A) Name and Title	(B) Average hours per week (list any	box	k, unle	ss pe	ition more rson	than or is both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(44-211039-MIGC)	organization and related organizations
(1) Sheriff Jerry G		ŧе								
	3.00	٠,,						0	o	0
Exec Committee (2) Sheriff James L	0.00 . Knight	X	_	_	_	$\vdash$		0	0	0
(2) SHELLL Dames L	3.00	1								
Exec Committee	0.00	x			ŀ			0	O	0
(3) Sheriff Steve B										
(0,011011111111111111111111111111111111	3.00									
Exec Comm	0.00	x						0	0	0
(4) Sheriff W.E. "B	illy" Sr	hil	ħ							
	3.00				ŀ					
Exec Comm	0.00	X				$\sqcup$		0	0	0
(5) Sheriff Earl R.	Butler									
	3.00								_	^
Exec Comm (6) Edmond W. Caldw	0.00	X				$\vdash$		0	0	0
(6) Edmond W. Caldw	74.68	Ì								
Exec VP/Gen Counsel	0.00			x				272,668	o	38,207
	S. Page	<u> </u>			一	-		272,000	,	30,207
(,) Difference Damage	3.00									
Execuctive Committee				x				0	0	0
(8) Sheriff Richard		-								
	5.00									
Chairman	0.00_			X				0	0	0
(9) Sheriff Brad Ri										
	3.00									
Executive Committee	0.00_			X				0	0	0
(10) Sheriff Tony E.	Perry 5.00									
President	0.00			x				o	0	0
(11) Sheriff Kevin F				4.		$\vdash$			<del></del>	
(, SHELLL REVIEW	5.00									
1st Vice President	0.00			x				0	0	0
DAA									<del></del>	Form <b>990</b> (2012)

Form 990 (2012) North Carolina Sheriffs'

Pa	rt VII Section A. Officer	s, Directors, T	rust	ees,	Key	Em	ploy	ees	s, and Highest Compens	ated Employees (continu	ued)
	(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	erson	than	٦ an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		(list any hours for related organizations below dotted line)	or director	Institution	Officer	Key employee	Highest compensated employee	<u> </u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(12)	Sheriff Asa B.	Buck, I: 5.00	Ī	-			<u>e</u>	-			
	d Vice President Sheriff Hubert	0.00 A. Pete	-1e	_	x	 			0	0	0
- •	d Vice President	5.00			x				0	o	0
	Sheriff Coy Rei										
	cretary/Treasurer Keenon Matthew	0.00 James	L	_	x	_		<u> </u>	0	0	o
		40.00					<b>.</b>		106.060		4 963
(16)	sociate Deputy Dir	0.00	_		_		X		106,060	0	4,863
(17)							_				
(18)				-				_			
(19)		 	_								
1b		J	L_	<u> </u>		L	<u> </u>	<b>&gt;</b>	378,728		43,070
d								<u>▶</u>	378,728		43,070
2	Total number of individuals ( reportable compensation from				to th	ose	liste	d ab	oove) who received more	than \$100,000 in 	IVIN-
3	Did the organization list any employee on line 1a? If "Yes	," complete Sch	edu	le J i	or s	uch	indiv	idua	al		Yes No
4	For any individual listed on li organization and related orga individual										4 X
5	Did any person listed on line for services rendered to the	organization? If								on or individual	5 X
<u>Sec</u>	tion B. Independent Contract Complete this table for your to compensation from the organical c	five highest com	pen com	sate	d ind	depe	nder	nt co	ontractors that received mendar year ending with or	ore than \$100,000 of within the organization's	tax year
_		(A) d business address					_	-		(B) otion of services	(C) Compensation
			_			_		_			
								-			
						-					
2	Total number of independent received more than \$100,000									0	

Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) Related or (D) Revenue (A) (C) Unrelated 4 - 4 - 4 - 4 exempt function excluded from tax business revenue under sections 512, 513, or 514 Gran 1a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events d Related organizations 1d Program Service Revenue Contributions, 429,593 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 74,173 g Noncash contributions included in lines 1a-1f 503,766 h Total. Add lines 1a-1f Busn Code 2,588,408 2,588,408 2a Misdemeanant Confinement Prog 1,799,162 1,799,162 b Honorary Membership C Contingent Liability Income 208,333 208,333 166,953 Convention & Meeting Fees 166,953 154,418 Sheriffs Dues 154,418 f All other program service revenue 12,137 12,137 4,929,411 g Total. Add lines 2a-2f Investment income (including dividends, interest, 1,239 and other similar amounts) 1,239 Income from investment of tax-exempt bond proceed Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than invento **b** Less cost or other 102 basis & sales exps -102 c Gain or (loss) d Net gain or (loss) -102 -102 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events  $\triangleright$ 9a Gross income from gaming activities. See Part IV. line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 8,700 8,700 11a NCSA - US Attorney Income 728 728 Misc Income Promotional Merchandise Sales 166 166 140 140 d All other revenue 9.734 e Total. Add lines 11a-11d 5,444,048 Total revenue. See instructions 4,939,043 0 1,239

### 'Form 990 (2012) North Carolina Sheriffs'

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) Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (C) Do not include amounts reported on lines 6b Program service expenses Fundraising Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments organizations, and individuals outside the US See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 13,460 250,347 5,384 trustees, and key employees 269,191 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 809,885 40.983 867,261 16,393 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) <u>66,576</u> 1,284 71,070 3,210 Other employee benefits 9 73,223 68,098 3,661 10 Payroll taxes 1,464 11 Fees for services (non-employees) a Management 32,698 30,409 1,635 654 **b** Legal 46,900 43,617 2,345 938 Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 199,477 84,792 4,559 110,126 13 Office expenses 48,726 52,394 2,620 1,048 14 Information technology 15 Royalties 88,719 82,509 4,436 1,774 16 Occupancy 12,652 12,652 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 280,085 276,121 3,834 130 19 Conferences, conventions, and meetings 4,713 4,383 236 94 20 Interest 21 Payments to affiliates 88,290 747 94,936 1,899 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column 如言是有毒素 **東田市日下日**年 T = = = = = = (A) amount, list line 24e expenses on Schedule O) 12,735350,992 685 337,572 Printing 288,176 5,479295 282,402 Postage b 76,863 76,863 Fulfillment materials <u>65,645</u> Mailing Lists 65,645 13,025 229,984 215,957 1,002 e All other expenses 99,731 Total functional expenses. Add lines 1 through 24e 3,104,979 2,100,576 904,672 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if

following SOP 98-2 (ASC 958-720)

Form 990 (2012) North Carolina Sheriffs'

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 942,313 1,712,584 Cash-non-interest bearing 251,029 1,250,834 2 Savings and temporary cash investments 45,303 340,312 3 Pledges and grants receivable, net 197,266 187,480 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 108,719 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 424,386 other basis Complete Part VI of Schedule D 10a 167,948 239,2<u>30</u> 10b 185,156 b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,898,868 3,544,150 16 Total assets. Add lines 1 through 15 (must equal line 34) 95,272 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 468,583 of Schedule D 563,855 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,287,460 3.360,529 27 Unrestricted net assets 47,553 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📗 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 3,386,924 1,335,013 33 33 Total net assets or fund balances 3,544,150 1,898,868 Total liabilities and net assets/fund balances

Forn	1990 (2012) North Carolina Sheriffs' 56-1079943			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets		<u>—</u>		
	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	5,4		
2	Total expenses (must equal Part IX, column (A), line 25)	_ 2			979
3	Revenue less expenses. Subtract line 2 from line 1	_ 3			069
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,3	<u>35 ,</u>	013
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	_ 6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	_ 9_		<u>87,</u>	<u> 158</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,3	<u>86,</u>	<u>924</u>
Pa	rt XII Financial Statements and Reporting				
	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 X Cash Accrual Other		=		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- =		
	Schedule O			1:	- ' - '
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			-	-
	reviewed on a separate basis, consolidated basis, or both.		l <sub>=</sub> -		= 1
	Separate basis Consolidated basis Both consolidated and separate basis		1.		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			{	
	separate basis, consolidated basis, or both		]	= = .	= 1
	X Separate basis Consolidated basis Both consolidated and separate basis		_	١.	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ł	l
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		=		
	Schedule O				;
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ		
	the Single Audit Act and OMB Circular A-133?		3a_	$oxed{oxed}$	X
þ	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		<u></u>
			For	m 990	(2012)

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

**Public Charity Status and Public Support** 

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

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

2012
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

North Carolina Sheriffs' Association, Inc.

Employer identification number 56-1079943

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 🛣 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III–Functionally integrated d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify (vi) Is the (i) Name of supported (n) EIN (III) Type of organization (vii) Amount of monetary the organization in (described on lines 1-9 in col (i) listed in your organization Support col (i) of your organized in the above or IRC section governing document? US? support? (see instructions)) Yes Yes Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	▶ □
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	· U
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	
	supported organization	▶ □
3	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	_
	instructions	▶ 🗌
	Schedule A (Form 990 or 9	990-EZ) 2012
		·

<b></b>	2
-2000	.1

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,433,031	2,287,030	2,263,728	2,964,529	5,433,177	15,381,495
2	grants ")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,055	11,046	9,484	23,911	9,734	63,230
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,442,086	2,298,076	2,273,212	2,988,440	5,442,911	15,444,725
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	自長声言意				됨 하는 목 등	<del></del>
8	Public support (Subtract line 7c from line 6)						15 444 705
Sec	tion B. Total Support	<del></del>		<u></u>			15,444,725
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	2,442,086	2,298,076	2,273,212	2,988,440	5,442,911	15,444,725
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,200	1,749	1,292	1,182	1,239	10,662
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	5,200	1,749	1,292	1,182	1,239	10,662
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	2,447,286	2,299,825	2,274,504	2,989,622	5,444,150	15,455,387
14	First five years. If the Form 990 is for the	-	st, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	. 🗂
	organization, check this box and stop he						▶
	tion C. Computation of Public S					T I	
15	Public support percentage for 2012 (line			umn (t))		15	99.93%
16	Public support percentage from 2011 Sci					16	99.86%
	tion D. Computation of Investm			13 column (f)		17	%
17 40	Investment income percentage for 2012		•	15, Column (1))		18	<del>//</del>
18 19a	Investment income percentage from 201 33 1/3% support tests—2012. If the org			ine 14 and line 18	5 is more than 33		
ısa	17 is not more than 33 1/3%, check this t						<b>▶ X</b>
b	33 1/3% support tests—2011. If the org						
_	line 18 is not more than 33 1/3%, check t						▶ □
			_		box and see inst	_	. ⊢

Page 4

Schedule A (Form 990 or 990-EZ) 2012 North Carolina Sheriffs' 56-1079943

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2012

Department of the Treasury Internal Revenue Service

► See separate instructions. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

Nar	e of organization North Carolina Sher	lis		Employer identifica	
	Association, Inc.			56-10799	
	t I-A Complete if the organization is ex			ion 527 organi	zation.
1	Provide a description of the organization's direct and in	direct political campaign activi	ties in Part IV		
2	Political expenditures			▶ \$	
3	Volunteer hours				
		_ ·			
Pa	t I-B Complete if the organization is ex	empt under section 50°	l(c)(3).		
1	Enter the amount of any excise tax incurred by the orga	inization under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	ation managers under section	4955	▶ \$	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	t I-C Complete if the organization is ex	empt under section 50°	(c), except sec	ction 501(c)(3).	
1	Enter the amount directly expended by the filing organization	zation for section 527 exempt	function		
	activities	·		▶ \$	
2	Enter the amount of the filing organization's funds conti	buted to other organizations f	or section		
	527 exempt function activities			<b>▶</b> \$	
3	Total exempt function expenditures Add lines 1 and 2.	Enter here and on Form 1120	-POL.		
-	line 17b		,	▶ \$	
4	Did the filing organization file Form 1120-POL for this y	rear?		, ,	☐ Yes ☐ No
5	Enter the names, addresses and employer identification		27 political organiza	ations to which the f	
•	organization made payments. For each organization lis				
	the amount of political contributions received that were				
	as a separate segregated fund or a political action com	· · ·		<del>-</del>	
		1			·-
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			l	funds If none, enter -0-	promptly and directly
			1		delivered to a separate
					political organization If none, enter -0-
		<del> </del>			none, enter -o-
(1)					
	<del></del>	<del> </del>			
(2)			1		
(3)					
(4)					
(5)				<u> </u>	
(6)					

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

ີYes ົ

0

0

4-Year Averaging Period Under Section 501(h)

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

Lol	bying Expenditur	es During 4-Yea	r Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	223,448	262,509	257,355	305,249	1,048,561
b Lobbying ceiling amount (150% of line 2a, column(e))	le Paris	:=:===================================		ant the factor	1,572,842
c Total lobbying expenditures	223,455	228,153	245,867	174,399	871,874
d Grassroots nontaxable amount	55,862	65,627	64,339	76,312	262,140
e Grassroots ceiling amount (150% of line 2d, column (e))					393,210
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and h (election under section 501(h)).	as NOT f	iled	Form 57	68	
	(;	a)		(b)	
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	А	mount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?		- :	는 11 15 는 12 16 는 15 17 18 18 18	- E	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 4912	on 501(c)	(5),	or section		<u> </u>
501(c)(6).					1
A Maria de la la la la la la 1000 de la compansa de				1 Ye	s No
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> </ul>				2	+
			⊢	<del>-</del> -	+
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c) I "No," O	R (b)	or section if Part	on III-A, I	ine 3,
Dues, assessments and similar amounts from members		-1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b	<del> </del>		
c Total		2c	ļ		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information.

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

5

Schedule C (Form 990 or 990-EZ) 2012 North Carolina Sheriffs'

56-1079943

Page 4

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

2012
Open to Public Inspection

Employer identification number Name of the organization North Carolina Sheriffs' 56-1079943 Association, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? 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 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 Preservation of a certified historic structure Protection of natural habitat 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 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ 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 Yes No violations, and enforcement of the conservation easements it holds? 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 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 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 XIII, the text of the footnote to its financial statements that describes these items. b 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 2 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 a Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990. Part X

Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) depreciation (other) 1a Land **b** Buildings c Leasehold improvements 53,353 59,11 112,467 d Equipment 131,803 180,116 e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 239,230

Schedule D (Form 990) 2012

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(10) SIMPLE Payable

(11) Contingent Liability

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

135,592 EFFFFFFFFFF

Sche	dule D (Form 990) 2012 North Carolina Sheriffs'		<u>56-107994</u>		Page <b>4</b>
Pá	irt XI Reconciliation of Revenue per Audited Financial State	ment	s With Revenue per	r Ret	
1	Total revenue, gains, and other support per audited financial statements			1	5,136,530
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	_		_ [	1
а	Net unrealized gains on investments	2a		Ξ	
b	Donated services and use of facilities	2b		] ]	
C	Recoveries of prior year grants	2c		77. 27	
d	Other (Describe in Part XIII )	2d	-307,518	] .	
е	Add lines 2a through 2d	_		2e	-307,518
3	Subtract line 2e from line 1			3	5,444,048
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		. 1	
b	Other (Describe in Part XIII )	4b		== 3	
ε	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	5,444,048
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	emen	ts With Expenses p	er R	
1	Total expenses and losses per audited financial statements	_		1	3,084,619
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			-	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		-	
ď	Other (Describe in Part XIII )	2d		- 1	
е	Add lines 2a through 2d	-	<del> </del>	2e	
3	Subtract line 2e from line 1			3	3,084,619
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a_			
b	Other (Describe in Part XIII )	4b_	20,360	=== -	
С	Add lines 4a and 4b			4c_	20,360
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3.104.979

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

#### Part X - FIN 48 Footnote

Part XIII Supplemental Information

The Association's 990 is not currently under examination by the Internal Revenue Service or the State of North Carolina. The Association's taxable years that are open for potential examination by the Internal Revenue Service are for the calendar years ended December 31, 2011, 2010, 2009 and 2008. The Association's open tax years for potential examination by the State of North Carolina are for the calendar year's ended December 31, 2011, 2010, 2009 and 2008. At this time, management does not expect to owe any taxes, interest or penalties on uncertain tax positions.

Part XI, Line 2d - Revenue Amounts Included in Financials	- Ot	her
Increase in Grants Receivable	\$	-295,009
Increase in Prepaid Dues	\$	-1,526
Book to Tax Adjustment on Sale of Assets	\$	-372
Accounts Receivable	\$	-10,611

Part XIII : Supplemental Information (continued)

Part XII, Line 4b - Expense Amounts Included on Return - Other

Book / Tax Depreciation Difference \$ 20,360

### SCHEDULE J

(Form 990)

Compensation Information

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

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

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

North Carolina Sheriffs'

Association, Inc.

Employer identification number 56-1079943

Ves   No.	P	art I Questions Regarding Compensation			
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items    First-class or charter travel				Yes	No
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items   First-Class or charter travel					
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items   First-Class or charter travel	18	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
First-class or charter travel				-	
Travel for companions   Payments for business use of personal residence   Health or social club dues or initiation fees   Personal services (e.g., nad., chauffeur, chef)			_		
Tax indemnification and gross-up payments   Personal services (e.g., maid, chauffeur, cheft)		H was my and the same and the s	l	Ì	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Receive a severance payment form, an equity-based compensation arrangement?  Participate in, or receive payment from, a supplemental inonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization?  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  The organization?  Any related organization?  The organization form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.  The organization or form 990, Part VII, Section A, line					
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  2 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Compensation committee  Microtread organization in Compensation or a consultant  Compensation or a related organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VIII, Section A, line 1a, with respect to the filing organization or a related organization  Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, an equity-based compensation arrangement?  The "Yes" to any of lines 4a—C, list the persons and provide the applicable amounts for each item in Part III  Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  5 Any related organization?  5 Any related organization?  6 A The organization?  7 A The organization?  8 A The organization?  8 A The organization?  8 A The organization?  9 Any related organization?  16 Yes" to line 6a or 6b, describe in Part III  7 For persons listed in Form 990, Part VII, add or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part I			-		<b>[</b>
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Independent compensation consultant  X Compensation survey or study  Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization  a Receive a severance payment or change-of-control payment?  4 Darricipate in, or receive payment from, a supplemental nonqualified retirement plan?  5 Participate in, or receive payment from, an equity-based compensation arrangement?  6 Participate in, or receive payment from, an equity-based compensation arrangement?  7 The organization of the section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  8 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  6 A X B Ay related organization?  16 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.  a The organization?  6 A X B Ay related organization?  16 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed		Personal services (e.g., maid, chauleul, chel)			ا ا
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Independent compensation consultant  X Compensation survey or study  Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization  a Receive a severance payment or change-of-control payment?  4 Darricipate in, or receive payment from, a supplemental nonqualified retirement plan?  5 Participate in, or receive payment from, an equity-based compensation arrangement?  6 Participate in, or receive payment from, an equity-based compensation arrangement?  7 The organization of the section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  8 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  6 A X B Ay related organization?  16 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.  a The organization?  6 A X B Ay related organization?  16 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III  7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed		If any of the haves an line to are checked, did the argentization follows a written nation requires necessity			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization committee    Compensation committee   X Written employment contract   Independent compensation consultant   X Compensation survey or study   X Approval by the board or compensation committee   Independent compensation consultant   X Compensation survey or study   X Approval by the board or compensation committee   X Approval by the board or are related organization or a related organization or a related organization payment from, an equity-based compensation arrangement?   4a	L.				
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  Written employment contract  Independent compensation consultant  Compensation committee  Written employment contract  Independent compensation consultant  Compensation or a related organizations  Approval by the board or compensation committee  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization  Receive a severance payment or change-of-control payment?  4a		•	۱		ĺ
directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee   X Written employment contract   Independent compensation consultant   X Compensation survey or study   X Approval by the board or compensation committee   X Written employment contract   X Compensation or a related organizations   X Approval by the board or compensation committee   X Written employment or change-of-control payment?   4a		explain	1b		
directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee   X Written employment contract   Independent compensation consultant   X Compensation survey or study   X Approval by the board or compensation committee   X Written employment contract   X Compensation or a related organizations   X Approval by the board or compensation committee   X Written employment or change-of-control payment?   4a	_				
3 Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee   X Written employment contract   Independent compensation consultant   X Compensation survey or study   Compensation survey or study   Approval by the board or compensation committee   A During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization   A Receive a severance payment for change-of-control payment?   A	2	·			ĺ
organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee		directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ļ
organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III    Compensation committee				-	
related organization to establish compensation of the CEO/Executive Director, but explain in Part III  Compensation committee  X Written employment contract  Compensation survey or study  X Form 990 of other organizations  X Compensation survey or study  Approval by the board or compensation committee  4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization  a Receive a severance payment or change-of-control payment?  4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?  4 Participate in, or receive payment from, an equity-based compensation arrangement?  6 Participate in, or receive payment from, an equity-based compensation arrangement?  6 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III  Confly section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of  a The organization?  5 A Y X  5 Any related organization?  1 If "Yes" to line 5a or 5b, describe in Part III  6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.  a The organization?  6 A N X  The organization?  6 A N X  8 A N related organization?  1 If "Yes" to line 6a or 6b, describe in Part III  7 A Y X  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  9 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" to line 8, did the organization also follow the rebuttable presump	3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the		= *	-
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012

Part

orm 990) 2012 North Carolina Sheriffs' 56–1079943
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

reported as deferred in prior Form 990 (F) Compensation Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual 310,875 (E) Total of columns (B)(ı)+(D) 30,857 (D) Nontaxable (C) Retirement and other deferred compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 3,478 (iii) Other reportable compensation (II) Bonus & incentive compensation 269,190 (I) Base compensation (A) Name and Title Edmond W. Caldwell, 1 Exec VP/Gen Counsel ၈ 12 Σļ

Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012 North Carolina Sheriffs' 56–1079943

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.

Also complete this part for any additional information.

DAA

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

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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.

North Carolina Sheriffs' Association, Inc.

Inspection Employer identification number 56-1079943

OMB No 1545-0047

Open to Public

Amended Return Explanation

The originally filed 990 did not include a highly compensated employee, Keenon Matthew James, in section VII. The amended return correctly reports this information.

Form 990 - Organization's Mission or Most Significant Activities The Mission of the North Carolina Sheriffs' Association is to serve as the statewide voice to protect, promote, preserve, and enhance the Office of Sheriff in North Carolina through education, training, and legislative intiatives that increase public safety and protect the rights of the citizens of North Carolina.

Form 990, Part III, Line 2 Statewide Misdemeanant Confinement Program

Form 990, Part III, Line 4d - All Other Accomplishment Honorary Membership Support and Education - Promotes and operates the Honorary Membership program, including periodic informational mailings to the members.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders Membership into the Association is automatically granted to all Sheriffs upon the payment of prescribed dues.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Employer identification number 56–1079943

All NC Sheriffs belong to the Association and each of them get to vote on members of the Executive Committee (governing body).

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Association's Form 990 is prepared by an independent third party and examined by the Association's executive vice president and general counsel before filing. Copies of Form 990 are kept at the Association offices and made available to members of the governing board before and after filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

All employees are required to sign acknowledgment of receipt of the

Association's written conflict of interest policy. The conflict of

interest policy is read at the beginning of each meeting of the governing

board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation of the executive vice president and general counsel is approved by the governing board based upon an examination of compensation data gathered for comparable positions within the industry and the Association's geographical area.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Copies of governing documents are available for inspection upon request at the Association's office.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Increase in Grants Receivable \$ -295,009

Schedule O (Form 990 or 990-EZ) (2012)		
Name of the organization  North Carolina Sheriffs'	Employer identificat 56-10799	
Increase in Prepaid Dues	\$	-1,526
Book to Tax Adjustment on Sale of Assets	\$	-372
Accounts Receivable	\$	-10,611
Book / Tax Depreciation Difference	\$	20,360