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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A	For the 2012 calendar year, or tax year beginning , 2012, and ending , 20									
В	Check if	f applicable	C Name of organization YAVAPAI COUNTY SHERIFF'S POSSE	Employ	er identification number					
	Address	change	Doing Business As	5-344116	58					
	Name cl	hange	Number and street (or P O. box if mail is not delivered to street address) Room/suite E	Telepho	ne number					
	Initial ref	turn	P. O BOX 95							
	Termina	ted								
	Amende	Gross re	eceipts \$							
Application pending F Name and address of principal officer H(a) is this a group return for affiliates? Yes N										
	H(b) Are all affiliates included? Yes No									
ī	I Tax-exempt status 501(c)(3)									
J	Website		H(c) Group e	exemption	number ►					
K	K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: M State of legal domicile.									
·P	Part I. Summary									
	1	Briefly de	escribe the organization's mission or most significant activities:							
_	1		IG SCHOLARSHIPS TO QUALIFYING GRADUATING HIGH SCHOOL SENIORS							
JCe	}									
Ē	}									
Governance	2	Check th	nis box ▶☐ if the organization discontinued its operations or disposed of more than 2	25% of	its net assets.					
ğ	3		of voting members of the governing body (Part VI, line 1a)		47					
οğ ()	4		of independent voting members of the governing body (Part VI, line 1b)	4	47					
Activities &	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)	5	0					
Ę	6		mber of volunteers (estimate if necessary)		47					
Š	7a		related business revenue from Part VIII, column (C), line 12	7a	0					
	b		lated business taxable income from Form 990-T, line 34		0					
			Pnor Yea	حتصلب	Current Year					
	8	Contribu	tions and grants (Part VIII, line 1h)							
že	9		service revenue (Part VIII, line 2g)		49,485					
Revenue	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)	1,525						
æ	11			2,689						
	12		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,203 enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 54,987		53,699					
	13		nd similar amounts paid (Part IX, columntA), lines (1-3) 0		0					
	14		paid to or for members (Part IX), column (A), line 4) 0		0					
	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		0					
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A) Fline () [e) 2013		0					
Je n	ь		ndraising expenses (Part IX, column (D), line 25) ▶	-,	7,					
ŭ	17		penses (Part IX, column (A), lines 11a-14d, 11=24e) U.T		53,104					
	18	Total evi	penses (at the column (x), lines 172 (at the column (x), lines 13–17 (must equal Part IX, column (A), line 25) . [64,931		53,104					
	19		e less expenses. Subtract line 18 from line 12		595					
	+	Tievenae	Beginning of Cun	rent Year	End of Year					
Net Assets or	20	Total aco	sets (Part X, line 16)		160,423					
Asse	21		pilities (Part X, line 26)		0					
ž Š	22		ets or fund balances. Subtract line 21 from line 20		160,423					
	art II		ture Block							
_			ury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e best of	my knowledge, and belief it is					
tru	idei perio	ct, and comp	ory, I declare that I have examined this return, including accompanying screediles and statements, and to the object Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	dge	my knowledge and boiler, it is					
_		1								
Sig	מנ	Sign	nature of officer Date	e 4 .	/ /					
Here R.Z.) Rod4 CVS Ivog stere Thought 3/3/1										
Type or print name and title										
_	• •		ype preparer's name Preparer's signature Date	100						
	iid	D IEA	N SAWYER DEAR JANY 319-2013	Check self-em						
Preparer										
U	se On				28-445-8577					
Ms	v the l		address > 3090 SAMARITAN WAY PRESCOTT, AZ 66301-4649 Phon st this return with the preparer shown above? (see instructions)	ie no s	7 Yes No					

SCANNED APR 1 6 2013)

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

Cat. No. 11282Y

Part		Accomplishments								
1	Check if Schedule O contains a re	esponse to any question in this Pai	t III	<u> 🛚 🛣</u>						
•	Briefly describe the organization's missio	in: IG GRADI IATING HIGH SCHOOL SENIA	npe							
			ORS							
2	Did the organization undertake any signi	ficant program services during the y	ear which were not listed on the							
	pnor Form 990 or 990-EZ?			☑ No						
	If "Yes," describe these new services on									
3	Did the organization cease conducting									
	services?		· · · · · · · · · · · · · · · · · · ·	☑ No						
	If "Yes," describe these changes on Scho									
4	Describe the organization's program ser									
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.									
	the total expenses, and revenue, if any, if	or each program service reported.								
42	(Code:) (Expenses \$	including grants of \$	\ (Revenue \$							
→a	(Code) (Expenses \$	Including grants of \$) (Nevenue #	'						
		·								
	•	•								
	~~~~~									
			\(\(\text{D}\)							
4b	(Code: ) (Expenses \$	including grants of \$	) (Hevenue \$	)						
			***************************************							
4c	(Code:) (Expenses \$		) (Revenue \$	)						
4d	Other program services (Describe in Sch		- <b>h</b>							
	(Expenses \$ including gr	rants of \$ ) (Revenu	e \$ )							
4e	Total program service expenses ▶									

Part	Checklist of Required Schedules			Page
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	,		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	<u> </u>	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

	0 (2012)			age -
Part	Checklist of Required Schedules (continued)	- 1,	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	les	<b>√</b>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	22		1
23	- · · · · · · · · · · ·	23		<b>4</b>
24a		24a		1
c b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b 24c		√ √
d 25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	1
32		32		1
33	La companya di managantan d	33		1
34		34		1
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	<del></del>	1

Part	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V			П
		÷Τ	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0			_
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1	;	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			[
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u>L</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	,		1
	account)?	4a		<del>  •</del>
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 Financial Accounts.	]		
E		E.		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a   5b		1
b b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<del>                                     </del>
Ų.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<del>                                     </del>		<u> </u>
_	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			}
	and services provided to the payor?	7a	-	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>↓</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		↓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			-
_	organization, have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.	0-	-	ł
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?	1 30		┼
	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1 1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u>L</u> .
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	$\int$		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		$oxedsymbol{oxedsymbol{oxed}}$
	Note. See the instructions for additional information the organization must report on Schedule O.	ļ		1
b	Enter the amount of reserves the organization is required to maintain by the states in which	] ]		1
	the organization is licensed to issue qualified health plans	↓		
С	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		ـــ
	15 "VCD, " MAD & FEEL & CAM 700 to report these payments? If "Mo, " provide an explanation in Schedule ()	146 l		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	•	<u> </u>
<u>Section</u>	on A. Governing Body and Management			
	•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 47			
	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			l
	committee, explain in Schedule O.	ŀ		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 47			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	. 1		ĺ
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	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	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	<b>&gt;</b>	Ì
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<b>✓</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		1
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	ł		1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		l	ì
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>'</b>	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>-</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	١		
	describe in Schedule O how this was done	12c	├	<del>                                     </del>
13	Did the organization have a written whistleblower policy?	13	<b> </b>	\ <u> </u>
14	Did the organization have a written document retention and destruction policy?	14	┞—	<b>/</b>
15	Did the process for determining compensation of the following persons include a review and approval by	1	}	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	$\vdash$	<del> </del>
b	Other officers or key employees of the organization	15b		<u> </u>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1	1	1
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?	40-	}	
	, , ,	16a	-	\ <u> </u>
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		i	
	organization's exempt status with respect to such arrangements?	16b	1	
Santi	on C. Disclosure	1 100	Щ	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501	(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.		-/(-/-	
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	rest r	oolicv
• •	and financial statements available to the public during the tax year.		,	<b>.</b> ,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	9	
-	organization: ▶			

Part VII	Compensation of Office	rs, Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	, and
	Independent Contractor	S						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated		
Name are mile	hours per					or/trust		compensation	compensation from	amount of
	week (list any				_		<u> </u>	from	related	other
	hours for related	₫.	Stit	Officer	9	豊호	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	막	Key employee	oyer c	<b>Q</b>	(W-2/1099-MISC)		organization
	below dotted	9 🛱	ᇜ		ğ	۳ă				and related
	line)	ste	2		8	Pen				organizations
		•	8			Highest compensated employee				
	<del>                                     </del>					<u> </u>				
(1) GARETH RHYS-EVANS	<u> </u>									
CAPTAIN			<u> </u>	1			<u> </u>			
(2) JOHN COMETH										
1ST LIEUTENANT	<u> </u>			1						
(3) EVERETT SHARP							ł			
2ND LIEUTENANT	<u> </u>			1		<u> </u>		<u> </u>		
(4) FRANK SHANKWITZ										
1ST SERGEANT (SECRETARY)				✓						
(5) BOB RODGERS										
2ND SERGEANT (TREASURER)		]		✓			į			
(6) TOM FOSTER										
MEMBER AT LARGE					ļ					
(7)										
	<b>T</b>	1					l	·		
(8)										
	<b>†</b>	1					l			
(9)							Г			
	1	1						1		
(10)										
	1	1					ĺ			
(11)		T								1
	<b>†</b>	1								
(12)	•			Г	İ		Γ			<del></del>
3	<b>†</b>	1		1						
(13)	1		<u> </u>	Г			T			
311	1	1	1		1					
(14)			T			<b> </b>		†	<u> </u>	
X.7	<b>+</b>	1		1		ł	1		]	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C)													
	(A)	(B)	Position (do not check more than one		me	(D) (E)		ĺ	(	F)				
	Name and title	Average					is both		Reportable	Reportabl			nated	
		hours per week (list any	office	rano	_	rect	or/trust		compensation	compensation related	from		unt of her	
		hours for	유표	ומ	Officer	<u>@</u>		Former	the	organizatio	ns		ensatio	on
		related	divid.	ŝ	Cer	Key employee	plest	層	organization	(W-2/1099-M	IISC)		n the	_
		organizations below dotted	호호	ona	1	탕	8 0		(W-2/1099-MISC)				nzation elated	
		line)	Individual trustee or director	2		yee	npe						zation	
			8	Institutional trustee		l	Highest compensated employee	ł			- 1			
		<u> </u>		Ľ			8	<u> </u>						
(15)									Ì		İ			
	<del> </del>				L.	_		<u> </u>						
(16)			ĺ					[			1			
	· —	ļ	ļ			<u> </u>	<b></b>		<b>}</b>					
(17)	•		l						1					
		ļ		Щ	L.		L	L	ļ					
(18)					l									
		ļ	ļ		<del> </del> -	<u> </u>		_	<b></b>					
(19)			Ì								İ			
<del></del>				-	<u> </u>	<u> </u>	<u> </u>	├—						
(20)	·····				İ									
(04)	<del></del>	<b> </b>	<u> </u>	-	-	├		├	<del></del>		<del></del>			
(21)		ļ	ł				}	]						
(22)	<del></del>		<del> </del>		├	├—		├	<del> </del>	<del></del>				
(22)		<b>}</b> -	ł		•	1	1	ļ	ŀ					
(23)	<del></del>		<del> </del>	-	┢╌	<del> </del>		┢	<del> </del>	<u> </u>				
123/		<b></b>	1	] ;	1	1	ł	ł	ł					
(24)					┝╌	├		┢	<del> </del>					
32.7/		<del> </del>	1			1	İ							
(25)			-	_		┢	<del>                                     </del>	一	<del> </del>	<u> </u>				
3		<b></b>	1				1				- 1			
1b	Sub-total			٠	•			▶	<u> </u>					
c	Total from continuation sheets to Part	VII. Sectio	n A					<b>•</b>						
ď	Total (add lines 1b and 1c)	-						<b>•</b>		<del> </del>				
2	Total number of individuals (including but						above	e) w	ho received m	ore than \$1	00.000 c	of		
	reportable compensation from the organi							,		•				
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	est compe	nsated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3		1
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	пре	nsatio	n a	and other comp	ensation fr	om the			
	organization and related organizations	greater th	an \$	150,	,000	)? /	f "Ye	s, "	complete Sch	nedule J fo	r such	_	_	) :
	ındıvidual											4		1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	y ur	related organi:	zation or inc	dividual			
	for services rendered to the organization	? If "Yes," c	comp	lete	Scl	hedi	ule J	for :	such person	<u></u>	· · ·	5		✓
Section	n B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	act	ors that receive	ed more tha	ın \$100,0	000 of		
	compensation from the organization. Rep	ort compe	ensatio	on fo	or ti	he c	alenc	iar y	year ending wit	h or within	the orga	nızatio	on's t	ax
	year.							,						
	(A) Name and business add	Irace							(B) Description of s	senvices	C.	(C) ompens	ation	
	Name and business add							$\vdash$	Description of S	~ TIVG3		poils	44011	
								$\vdash$			<del></del>			
								╀			<u> </u>			
								$\vdash$						
								$\vdash$						
	Total number of independent contractor	re (include	na bi	<u>ıt r</u>		limi	tod to	<u></u>	nose listed ab	Ovel who		<del></del> -		-
~	received more than \$100,000 of compens							Ju	iose iisteu au	CVC) WITO				1

Part VIII		Statement of Revenue					
		Check if Schedule O contains a response to any ques			· · · · · ·		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Grants	1a b	Federated campaigns 1a  Membership dues 1b 2,689  Fundraising events 1c 49,485					
ns, Gifts, Similar A	d e	Related organizations 1d  Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions, gifts, grants, and similar amounts not included above  1f  Noncash contributions included in lines 1a-1f: \$	1				
Col	h	Total. Add lines 1a–1f	52,174	İ			
Nue		Business Code	_			-	
Program Service Revenue	2a		<u> </u>				
ě.	ь			· · · · · · · · · · · · · · · · · · ·	ļ		
Zi.	C						
Se	d						
Ta Ta	e	All all and an arrangement of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	<del>-</del>	<del></del>	<del> </del>	<del>_</del>	
rog	f	All other program service revenue .  Total. Add lines 2a–2f	<del> </del>		<u> </u>	L	
	<u>g</u> 3	Investment income (including dividends, interest,			<u></u>	<del></del>	
		and other similar amounts)	1,525	]			
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	• •			<del> </del>		
		Royalties					
	6a	Gross rents					
	b	Less: rental expenses			İ		
	С	Rental income or (loss)	1				
	d	Net rental income or (loss) ▶	l	<u> </u>			
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory					
	ь	Less: cost or other basis and sales expenses .	]				
	d	Gain or (loss)				-	
venue	8a	Gross income from fundraising events (not including \$					
Other Revenu		of contributions reported on line 1c). See Part IV, line 18					
ō		Less: direct expenses b	-		}		
		Net income or (loss) from fundraising events .   Gross income from gaming activities.  See Part IV, line 19					
	ь	Less: direct expenses b		<u> </u>			
		Net income or (loss) from gaming activities ▶	1	1			
	10a	Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶			_		
		Miscellaneous Revenue Business Code	1				
	11a		]				
	b						
	С						
	d	All other revenue		L			
	е	<b>Total.</b> Add lines 11a–11d ▶					
	12	Total revenue. See instructions	53,699	1	Ī	I	

		Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns.	All other organization	ons must complete c	olumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				<u>.</u>
10	Payroll taxes		<del> </del>		-
11	Fees for services (non-employees):				
a	Management	10	4	10	
b	Legal	1,390		1,390	
C	Accounting	1,390	<del></del>	1,350	
d	Lobbying				
e 4	Professional fundraising services. See Part IV, line 17		+		<del></del>
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				<del></del>
9	(A) amount, list line 11g expenses on Schedule O.)			1	
12	Advertising and promotion	<u></u>			
13	Office expenses	120		120	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest		ļ	<b></b>	
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization .	114		114	<u> </u>
23	Insurance	2,500		2,500	-
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SCHOLARSHIPS		12,680		12,680
b	SCHEDULE O	36,290	<del></del>	36,290	
c	***************************************				
d				-	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	40,424	12,680	40,424	12,680
<u> 26</u>	Joint costs. Complete this line only if the		<u> </u>		
_ <del>-</del>	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)				

33

	n 990 (20		<del></del>		Page 1
	art X				
		Check if Schedule O contains a response to any question in this Part	(A) Beginning of year	Ť.	(B) End of year
	1	Cash—non-interest-bearing	3,500	1	2,686
S	2	Savings and temporary cash investments	80,118	2	81,641
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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	- <del></del>	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 100,920			
	Ь	Less: accumulated depreciation 10b 24,824	76,210	10c	76,096
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	T
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	159,828	16	160,423
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties		24	<b></b>
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	<u> </u>
	26	Total liabilities. Add lines 17 through 25	0	26	0
Ø	ļ	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ခွ		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	ļ	27	
Ba	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets	J	29	<b> </b>
<b>Assets or Fund Balances</b>		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		.	<u>, </u>
ţ	30	Capital stock or trust principal, or current funds		30	<b></b>
586	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds.		32	

Total liabilities and net assets/fund balances .

33

34 160,423

159,828

_	4	0
Page	ł	_

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					V
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,699			
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1		595			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 159					
5	Net unrealized gains (losses) on investments	5	160,42	3		
6	Donated services and use of facilities	6	Ĺ			
7	Investment expenses	7	<u> </u>			
8	Prior period adjustments	8	<u>.</u>			
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	160,42	3		
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	<del></del>		
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Other		_	l		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın	ın		1	
	Schedule O.				.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		·	2a	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ollea	or			
	reviewed on a separate basis, consolidated basis, or both:		- 1			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u>.</u>		
þ	Were the organization's financial statements audited by an independent accountant?		: }	2b	✓	<b>├</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ea on	a			1
	separate basis, consolidated basis, or both:		Ì			
	Separate basis Consolidated basis Both consolidated and separate basis			-	•	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	rersig	)   	2c		1
	of the audit, review, or compilation of its financial statements and selection of an independent accounts and selection of an independent accounts.			20		
	If the organization changed either its oversight process or selection process during the tax year, ex	piairi	"'			ŀ
_	Schedule O.	forth	, I			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	IOI ti i	"'	3a		
_	the Single Audit Act and OMB Circular A-133?	 rao +	, ha	Ja		-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udite	110	3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				990	(2012
				LOII	11 33U	(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.

OMB No. 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YAVAPAL COUNTY MOUNTED SHERIFF'S POSSE

Employer identification number

	TAI COOKIT MOO							3-344110C				
Par			rity Status (All orga						nstructi	ons		
ine o	_		ation because it is: (Fo		_		-					
1			hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	}.			
2			170(b)(1)(A)(ii). (Attac					(4) (117)				
3	•	•	spital service organiza						00.14140	\C'D E.4.	41	
4		earch organizatione, city, and stat	on operated in conjun	ction with	n a nospii	al descri	bed in se	cuon 1/	U(D)(T)(A)	)(III). Ente	rtne	
=	•											
5		)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or un	iversity o	wned or	operated	by a go	vernmen	itai unit c	escrib	ea in
6	A federal, stat	e, or local gover	mment or government	al unit de	escribed in	n section	170(b)(1	1)(A)(v).				
7			receives a substantia (A)(vi). (Complete Pa		its suppo	ort from a	a governi	mental ur	nit or fro	m the ge	neral p	oilduc
8			n <b>section 170(b)(1)(A</b>									
9	An organization	on that normally	receives: (1) more th	an 33¹/₃9	% of its s	upport fro	om contr	ibutions,	member	ship fees	, and	gross
			d to its exempt funct									
		_	ent income and unre after June 30, 1975. S				•		n 511 ta	ax) from	busin	esses
10		_	d operated exclusively				-	-	(A)			
11			nd operated exclusively							or to co	mo o	ıt the
••	purposes of o	one or more put	olicly supported organ	nizations	describe	d in sect	ion 5096	a)(1) or so	ection 50	01 to ca	iny ot iee se	ction
			describes the type of									
	a 🔲 Typel	<b>b</b> Type					-	Type III-I		_	ntegra ^r	ted
е			that the organization		-	-						
			ers and other than on									
	or section 509					• •	J					
f	If the organiz	ation received	a written determination	on from	the IRS	that it is	а Туре	i, Type	II, or Ty	pe III su	pportir	ng
	organization, o	check this box										. 🗆
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	on from a	any of the	e			
	<del>-</del> -		indirectly controls, eit	her alone	e or toget	her with	persons	describe	d in (ii) a	ınd	Yes	No
			ody of the supported							11g(	1	
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						. 11g(ī		
			a person described in							. 11g(ii		
h		-	ion about the support								<del></del>	
	Name of supported	(ii) EIN	(III) Type of organization	(iv) is the	organization	(v) Did	ou notify	(vi)	ls the	(vii) Amou	int of mo	onetary
	organization		(described on lines 1–9	in col. (i) listed in your the			the organization in col. (i) of your		tion in col	s	upport	
			above or IRC section (see instructions))	governing	OOCUMENT?		port?		zed in the S.?	1		
		}		Yes	No	Yes	No	Yes	No	٦		
(A)												
(B)				<b>†</b>	<del> </del>	<del> </del>				1		
(D)	·			ļ	<u> </u>					-		
(C)										<u> </u>		
(D)	· = <del></del>											
(E)										1		
		,		<del> </del>		<u> </u>			<del> </del>	†		
Total	ł	1	1	i	1	l	i	i	j .	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.

	il the organization rails to quality	under the te	oto listou boi	ow, picase c	ompicio i ait		<del></del>	
	on A. Public Support	r <del></del>	1 - : : : : : : :	<del>, , , , , , , , , , , , , , , , , , , </del>	T			
_	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees		L					
•		2,077	2,168	3,379	3,203	2,689	13,516	
2		66,553	56,223	55,712	49,504	49,485	277,477	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	68,630	58,391	59,091	52,707	52,154	290973	
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	68,630	58,391	59,091	52,707	52,154	290,973	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	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							
С	Add lines 7a and 7b		<u> </u>	†	†~~~~	<del></del>	0	
8	Public support (Subtract line 7c from line 6.)						290,973	
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
9	Amounts from line 6	68,630	58,391	59,091	52,707	52,154	290,973	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,967	2,299	1,417	2,280	1,525	10,488	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0	
С	Add lines 10a and 10b	2,967	2,299	1,417	2,280	1,525	10,488	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						o	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						301,461	
14	First five years. If the Form 990 is for the organization, check this box and stop he	-				year as a secti		
Secti	on C. Computation of Public Support							
15	Public support percentage for 2012 (line			13, column (f))		. 15	%	
16	Public support percentage from 2011 Scl	hedule A, Part	III, line 15 .			. 16	%	
Section	on D. Computation of Investment In							
17	Investment income percentage for 2012 (			by line 13, colu	umn (f))	. 17	%	
18	Investment income percentage from 201						%	
19a	331/3% support tests-2012. If the organ							
	17 is not more than 33½%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .							
b	331/3% support tests—2011. If the organization 18 is not more than 331/3%, check this	zation did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3%, and	
20	Private foundation. If the organization di		_	•	•			
20	ate ivanuauvii. 11 tile viyaliization di	IN HOL CHECK &	DOV OUT HUR 14	τ, ισα, Οι 190,	CHECK HIS DO	א מווט סכב וווצנו	uctions 🚩 📋	

### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2012

OMB No 1545-0047

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

Open to Public ▶ Attach to Form 990 or 990-EZ. Inspection **Employer identification number** 

YAVAPAI COUNTY MOUNTED SHERIFF'S POSSI	E	95-3441168
Page 10 Part 1X Line 24 B Expense		
UTILITIES AND PHONE	2,716	
ROAD IMPROVEMENTS & MAINTENANCE	(840)	
DONATIONS	350.	
DOLLARS FOR SCHOLARS	22,598	
Repairs	11,466	
······		
Page 10 Part 1X Line 24 A	12,680.	
Scholarships ⁻ See attached		
Page 10 Par 1X Line 22	114.	
Depreciation: See attached		
	<del></del>	
	······	
	······	
		•••••

Itemized Payees - Last year 1/1/2012 through 12/31/2012 (Cash Basis)

/14/2013		zo iz unougi	1 12/31/2012 (Ca	on Dasis,			Page
Date	Account	Num	Category	Tag	Memo	Clr	Amount
EXPENSES							-12,680.00
Alyssa S. Millar							-1,000.00
Brendad A. Dahl							-680.00
Britney N. Bayer							-1,000.00
Cheyanne T. Kadrams							-1,000.00
Gabriella K. Gould							-1,000.00
Gilbert A. Hernandce							-1,000.00
Jacob S. Lund							-1,000.00
Jessica E. Evers							-1,000.00
Kyle J. Detar							-1,000.00
Loraine T. Bonczek							-1,000.00
Micah C. Larson							-1,000.00
Ryan A. Madler							-1,000.00
Samantha T. Sirk							-1,000.00
				OVER/	ALL TOTAL		-12,680.00

# **DEPRECIATION**

		DE	PRECIATION		
New Roof 3/14/2013					Page 1
Date	Num	Transaction	Decrease	C Incre	ease Balance
1/1/1990	Openi cat:	ng Balance [New Roof]		3	3,604.00 3,604.00
12/31/1991	New F cat:	Roof [New Roof]	114 00		3,490 00
12/31/1992	New F cat:	Roof [New Roof]	114.00		3,376.00
12/31/1993	New F cat:	Roof [New Roof]	114.00		3,262.00
12/31/1994	New F cat:	[New Roof]	114.00		3,148 00
12/31/1995	New F cat:	[New Roof]	114.00		3,034 00
12/31/1996	New F cat:	[New Roof]	114.00		2,920.00
12/31/1997	New F cat:	[New Roof]	114.00		2,806 00
12/31/1998	New F cat:	[New Roof]	114.00		2,692.00
12/31/1999	New F cat:	[New Roof]	114 00		2,578.00
12/31/2000	New F	[New Roof]	114.00		2,464.00
12/31/2001	New F	[New Roof]	114.00		2,350 00
12/31/2002	New F cat:	[New Roof]	114.00		2,236.00
12/31/2003	New F cat:	[New Roof]	114 00		2,122.00 2,008 00
12/31/2004 12/31/2005	New F cat: New F	[New Roof]	114.00 114.00		1,894 00
12/31/2006	cat:	[New Roof]	114.00		1,780 00
12/31/2007	cat:	[New Roof]	114.00		1,666 00
	cat [.] New F	[New Roof]	114.00		1,552.00
12/31/2008	cat.	[New Roof]	114.00		1,438.00
12/31/2009 12/31/2010	cat [.] NEW	[New Roof]	114.00		1,324 00
12/31/2010	cat:	[New Roof]	114.00		1,210.00
12/31/2011	cat:	[New Roof]	114.00		1,096.00
12/3/1/2012	cat	[New Roof]	114.00		1,030.00