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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 2014	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Douglas County Sheriff's Protective Association Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 1153 City or town, state or province, country, and ZIP or foreign postal code Minden, Nevada 89423
D Employer identification number 943156960	
E Telephone number 7757829900	
F Group Exemption Number ▶	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
Revenue	
1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 68359.00
4 Investment income	4 60.55
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c Less: direct expenses from gaming and fundraising events	6c
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a Gross sales of inventory, less returns and allowances	7a
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 68419.55
Expenses	
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11 907.29
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 33044.30
14 Occupancy, rent, utilities, and maintenance	14 573.11
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 9765.36
17 Total expenses. Add lines 10 through 16	17 44290.06
Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 24129.49
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 154181.15
20 Other changes in net assets or fund balances (explain in Schedule O)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 175922.57

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

SCANNED MAY 13 2015

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	154181.15	22 175922.57
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	154181.15	25 175922.57
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	154181.15	27 175922.57

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? _____

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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	_____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		28a
29	_____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		29a
30	_____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		30a
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		31a
32 Total program service expenses (add lines 28a through 31a)		32

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jesse McKone				
President	12	0	0	0
Jonathan Storke				
Vice President	10	0	0	0
David Button				
Treasurer	10	0	0	0
Nadine Chrzanoski				
Secretary	8	0	0	0
Greg Rooney				
Board of Directors	8	0	0	0
Amy Savage				
Board of Directors	8	0	0	0
Ronald Miller				
Board of Directors	8	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► David Button (Treasurer) Telephone no. ► 7757829900 Located at ► 1038 Buckeye Road, Minden, Nevada 89423 ZIP + 4 ►		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		✓
If "Yes," enter the name of the foreign country: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b		<input checked="" type="checkbox"/>

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 0

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☒ No

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

Sign Here	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1; text-align: right;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">4-15-15</div> Date </div> </div>
	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">David P. Button, Treasurer</div> Type or print name and title </div> </div>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

Douglas County Sheriff's Protective Association

Employer identification number

943156960

1/14/14 Wheeler Printing, Storke Benefit 680.00

1/17/14 Flag Football Tour., Koontz, Jr. 235.00

1/17/14 Warren Reed Ins. Co., Storke Benefit 150.00

1/21/14 Kid's Fishing Derby 100.00

1/23/14 Suicide Prevention Network 250.00

2/22/14 Elisa Storke, medical 155.00

2/22/14 Elisa Storke, medical 1690.00

2/25/14 Elisa Storke, medical 95.00

2/26/14 Elisa Storke, medical 150.00

4/17/14 Family Support Council 250.00

5/8/14 Jeff Hinds, medical 125.00

5/12/14 Suicide Prevention Network 500.00

5/12/14 Partnership of Comm. Res. 150.00

6/10/14 Storkes, medical 500.00

6/13/14 James Booth, BBQ Fundraiser 217.00

6/17/14 Chelsea Osborn, Scholarship 500.00

6/17/14 Jessica Jaramillo, Scholarship 500.00

6/27/14 Wounded Warrior Project 500.00

9/15/14 Gardnerville Elem. School, Benefit 250.00

10/3/14 Hannah Coverley, Block D 250.00

10/30/14 Halloween Candy, Benefit 118.38

11/12/14 Todd McEwen, medical 999.99

11/12/14 Thomas McDonald, medical 999.99

12/9/14 Teresa Duffy, Christmas Family 400.00

Total: 9765.36

DCSPA 2014 Income

Deposits

1/10/14	2604.00
1/27/14	2632.00
2/12/14	2604.00
2/24/14	2185.00
2/28/14	2754.00
3/10/14	2576.00
3/24/14	2576.00
4/23/14	2548.00
5/8/14	5096.00
6/10/14	5068.00
8/28/14	10164.00
9/12/14	7588.00
10/22/14	7532.00
12/12/14	7448.00
12/18/14	2492.00
1/14/15	2492.00
Total:	68359.00

DCSPA 2014 Income

Investment Income

From 2014 1099-INT(s)

17.68

42.87

Total: 60.55

DCSPA 2014 Expenditures

Member's Benefits

Date	Payee	Check No.	Amount
4/14/14	Association Meeting	101	495.00
5/12/14	Board Meeting, Wildhorse Bar/Grill	1028	112.29
7/1/14	Association BBQ, At Tahoe Weddings	1041	300.00
Total:	907.29		

DCSPA 2014 Expenditures

Professional Fees

Date	Payee	Check No.	Amount
3/13/14	PORAC, LDF	1799	8232.00
3/16/14	PORAC	1800	1722.00
7/30/14	PORAC, LDF	1042	6777.75
9/12/14	PORAC, LDF	1045	7029.75
11/12/14	PORAC	1049	3246.00
12/18/14	Dyer Lawrence	1054	1268.30
12/29/14	PORAC, LDF	1056	4768.50
Total:	33044.30		

DCSPA 2014 Expenditures

Utilities and Maintenance

Date	Payee	Check No.	Amount
1/26/14	Verizon	1793	45.01
2/28/14	Verizon	1798	45.01
3/8/14	Verizon	1026	45.01
3/21/14	Verizon	100	45.01
6/17/14	Verizon	1036	45.01
7/30/14	Verizon	1043	90.02
9/12/14	Verizon	1044	50.00
11/12/14	Verizon	1050	85.03
12/18/14	Verizon	1055	45.01
5/21/14	Nevada Sec. of State	1031	30.00
6/17/14	US Post Office	1039	48.00
Total:	573.11		



P.O. Box 2128
Carson City, NV 89702
Northwest NV: 882-2060
Toll Free: (800) 421-6874
gncu.org

Member No
*****6960

Period Ending
01/01/14

D C SHERIFF'S PROTECTIVE ASSOCIATION
P O BOX 1153
MINDEN NV 89423-1153

Regular share accounts are NON-TRANSFERABLE except on the records of this credit union.

NOTICE: See disclosure (available on this web site) for important information regarding your rights to dispute billing errors and electronic funds transfer errors

Dividends shown will be reported to the Internal Revenue Service as interest for this calendar year.

The daily periodic rate and the ANNUAL PERCENTAGE RATE used to compute the FINANCE CHARGE for each open-end loan is printed above the transaction relating to the loan. The FINANCE CHARGE for an open-end loan is computed by applying the periodic rate to each unpaid balance for the exact number of days each balance was outstanding. The balance used to compute the FINANCE CHARGE is that balance each day after credits are subtracted and new advances or other are added.

Have you downloaded our mobile app? It's the easiest way to access your accounts, transfer money, deposit checks & more right from your iPhone or Android phone. Click here.

Business Premium Checking

(ID: 1) From: 12/02/13 thru 01/01/14

Previous Balance: \$ 69,728.84
4 Deposits: \$ 7,730.88
4 Withdrawals: \$ 9,287.07
Ending Balance: \$ 68,172.65

Y-T-D Dividends: \$ 0.00
Last Year Withholdings: \$ 9.24
Last Year Dividends: \$ 32.97

Joint Owner: William G. Addington, Nathan R. Almeida

Date	Transaction Description	Withdrawal	Deposit	New Balance
12/03	ACH Withdrawal #1780	-45.01		69,683.83
12/03	ARC/Verizon Wireless/Payment			
12/03	Deposit		2,548.00	72,231.83
12/16	Paid Check Inclearing (S #1782	-999.99		71,231.84
12/18	Deposit		2,548.00	73,779.84
12/18	Paid Check Inclearing (S #1783	-7,541.26		66,238.58
12/23	Paid Check Inclearing (S #1786	-700.00		65,538.58
12/30	Deposit		2,632.00	68,170.58
12/31	Dividend		2.88	68,172.65
	Backup Withholding 0.81-			

Annual Percentage Yield Earned 0.05% From 12/01/13 Thru 12/31/13

Fee Summary	Month-to-Date	Year-to-Date
Total Overdraft Fees	\$ 0.00	\$ 0.00
Total Returned Item Fees	\$ 0.00	\$ 0.00

Checks Written and Cleared Summary:

*Indicates check or share draft out of sequence

DRAFT#	AMOUNT	DRAFT#	AMOUNT	DRAFT#	AMOUNT	DRAFT#	AMOUNT
1780	45.01	1782*	999.99	1783	7,541.26	1786*	700.00

Business Shares

(ID: 1) From: 12/02/13 thru 01/01/14

Previous Balance: \$ 86,005.92
1 Deposits: \$ 3.58
Withdrawals: \$ -1.00
Ending Balance: \$ 86,008.50

Y-T-D Dividends: \$ 0.00
Last Year Withholdings: \$ 11.84
Last Year Dividends: \$ 42.34

Joint Owner: William G. Addington, Nathan R. Almeida

Date	Transaction Description	Withdrawal	Deposit	New Balance
------	-------------------------	------------	---------	-------------

total: 154,181.15

12/31 Dividend
- Backup Withholding 1.00-

3 58 86,008 50

Annual Percentage Yield Earned 0.05% From 12/01/13 Thru 12/31/13.

Fee Summary	Month-to-Date	Year-to-Date
Total Overdraft Fees	\$ 0 00	\$ 0 00
Total Returned Item Fees	\$ 0 00	\$ 0 00

By sending your check for a loan payment please be aware that you are authorizing Greater Nevada Credit Union to use your information on that check to make a one-time electronic debit in the amount of the check from your account at the financial institution indicated on it. If you prefer to not have your checks used in this way, please contact the credit union at 775-882-2060. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from the credit union.



P.O. Box 2128
Carson City, NV 89702
(775) 882-2060
Toll Free: (800) 421-6674
gncu.org

Account #	Statement Period	Page
*****2396	12/01/14 thru 12/31/14	1 of 2

Account Balance Summary		
Business Shares	\$	86,048.17
Micro Business Checking	\$	94,858.67



DOUGLAS COUNTY SHERIFFS PROTECTIVE ASSOC
PO BOX 1153
MINDEN NV 89423

Attention: Important Account Information

Beginning Feb. 1, 2015, the single service account fee as listed in the Important Account Information For Our Members account disclosure will be adjusted as follows: This \$3.00 fee is currently waived for minors and for members who have, in addition to their regular share savings account; an additional deposit or loan product, direct deposit or a minimum daily share balance of \$200.00. Effective Feb. 1, 2015, this fee will continue to be waived for minors and for members with additional active deposit or loan products, direct deposits or a minimum daily balance of \$200.00. Active means that a product is open and in good standing, and in which a member has generated any activity (eg. deposits, payments, withdrawals) within the previous 12 months. The fee will be incurred if additional services/accounts are not maintained. Please visit your local branch or call (800) 421-6674 for more information.

Business Shares (Acct# *****9601)

Previous Balance	Debits / Withdrawals	Credits / Deposits	Ending Balance	YTD Dividends
\$ 86,044.59	\$ 0.00	\$ 0.00	\$ 86,048.17	\$ 33.26

Trans. Date	Transaction	Balance	Description
DEC01		86,044.59	Previous Balance
DEC31	3.58	86,048.17	Credit Interest

The Annual Percentage Yield Earned was 0.049% from 12/01/14 through 12/31/14 based on an Average Daily Balance of \$86,044.59. Your minimum balance during the period was \$86,044.59. The interest earned during the period was \$3.58.

Micro Business Checking (Acct# *****3961)

Previous Balance	Debits / Withdrawals	Credits / Deposits	Ending Balance	YTD Dividends
\$ 89,877.98	\$ 4,959.31	\$ 9,940.00	\$ 94,858.67	\$ 0.00

Trans. Date	Transaction	Balance	Description
DEC01		89,877.98	Previous Balance
DEC04	-3,246.00	86,631.98	Check 1049
DEC12	7,448.00	94,079.98	Deposit
DEC12	-400.00	93,679.98	Check 1053
DEC18	2,492.00	96,171.98	Deposit
DEC24	-1,268.30	94,903.68	Check 1054
DEC29	-45.01	94,858.67	Electronic Check 1055 Verizon Wireless (Payment)

~~187.50~~
1525.51

Cleared Check Recap

Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount	Check #	Date	Amount
1049	DEC04	3,246.00	1053*	DEC12	400.00	1054	DEC24	1,268.30	1055e	DEC29	45.01

* Indicates checks out of sequence

e Indicates check converted to electronic payment by payee.

total: 175,922.57



AMERICA'S
CREDIT UNIONS