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DLN: 93493040011347

OMB No 1545-0047

**Return of Organization Exempt From Income Tax** 

Department of the Treasury

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 and its instructions is at www IRS gov/form990

ntema	al Reve	nue Servi	ce	·				Inspection
\ F	or the	2015 ca	lendar year, or tax year beginnin	g 10-01-2015 , and ending 09-30-20	016			
Che	eck ıf a <sub>l</sub>	pplicable	C Name of organization IDAHO STATE POLICE ASSOCIATION			D Emple	oyer id	entification number
	ldress o	change				82-0	37965	52
_	ame ch	-	Doing business as					
	ıtıal reti nal	um				E Teleph	one nu	mhor
	temin	ated	Number and street (or P O box if machine C/O K RICE 2017 S COVEY PLACE	all is not delivered to street address) Room/s	suite			
Am	nended	return				(208	) 888-	2669
Ар	plication	n pending	City or town, state or province, coun MERIDIAN, ID 83642	try, and ZIP or foreign postal code				+ 467 240
			· ·			G Gross	receipts	s \$ 467,218
			<b>F</b> Name and address of princip	al officer		Is this a group		
					5	subordinates? No	1	☐ Yes 🗸
					H(b)	Are all subord	ınates	Yes 🗸 No
la:	x-exem	npt status	501(c)(3) <b>√</b> 501(c) (5) <b>◄</b>	(insert no ) 4947(a)(1) or 527		included?		
W	ebsit e	e:► isp	aonline org			· ·		(see instructions)
, -						Group exemp		M State of legal domicile
For	n or org	ganization	Corporation   Trust   Associa	tion Other ►	—  <b>-</b>	or rouniation		Tractic of legal dominate
Pa	rt I	Sum	mary				1	
			scribe the organization's mission					
	T (	O PROV	IDE SERVICES AND ASSISTAN	NCE TO MEMBERS OF THE ASSOCI	ATION			
ב ב	_							
Ē								
GOVERNANCE	2 (	Check th	is box ▶ ┌─ if the organization dis	scontinued its operations or disposed	d of more tl	han 25% of it	s net a	assets
							ı	1
ð	3 1	Number	of voting members of the governing	ng body (Part VI, line 1a)			3	7
ACHIVILLES &			· -	fthe governing body (Part VI, line 1b	•		4	0
}	5 T	Γotal nur	nber of individuals employed in c	alendar year 2015 (Part V, line 2a)			5	0
۲ ۲			•	ecessary)			6	
				rt VIII, column (C), line 12			7a	0
	<b>b</b> N	et unrela	ated business taxable income fro	m Form 990-T, line 34	• • •		7b	
	_			ne 1h)		Prior Year	- I	Current Year
Qı	8		butions and grants (Part VIII, Iir	-	137	,513	133,971	
Rəvenue	9	_	am service revenue (Part VIII, lii		0.50	0		
<u>ج</u>	10		tment income (Part VIII, column		,050	69,590		
_	11			Innes 5, 6d, 8c, 9c, 10c, and 11e)	no -	19	,618	9,728
	12	12)	revenue—add inles o through 11	(must equal Part VIII, column (A), li	ile	201	,181	213,289
	13	Grants	s and sımılar amounts paid (Part	IX, column (A), lines 1-3)				0
	14	Benefi	ts paid to or for members (Part I	30	,934	28,012		
s o	15			e benefits (Part IX, column (A), lines				0
Expenses		5-10)					+	
D G	16a		• • • • • • • • • • • • • • • • • • • •	column (A), line 11e)	·		$\rightarrow$	0
ă	b		indraising expenses (Part IX, column (D)		-	7.4	201	74.467
	17 18			ines 11a-11d, 11f-24e) st equal Part IX, column (A), line 25)			,381	74,467 102,479
	19		•	18 from line 12			,866	110,810
ري د م	1	NC V CII	de less expenses subtract line .					·
Net Assets of Fund Balances					Beginn	ing of Current	Year	End of Year
Back	20	Total	assets (Part X, line 16)			848	,796	959,595
<u>₹</u>	21	Total	liabilities (Part X, line 26)				26	15
	22		ssets or fund balances Subtract	line 21 from line 20		848	,770	959,580
	t II		ature Block	mined this return, including accompa	invina sah	adulas and st	atom c	nts and to the best of
				infined this return, including accompa iplete Declaration of preparer (other:				•
		_	nowledge	, , , ,				
			**			2017.02.02		
:i~-		<b>—</b>	ature of officer			2017-02-09 Date		
Sign Here								
1 4	-		r Sibus Chairman e or print name and title					
			rint/Type preparer's name	Preparer's signature	Date	Charle III	PTIN	
aic	ŀ		Dale C Olsen	Dale C Olsen		Check   If self-employed	P0139	93960
	a pare	er ⊢	irm's name 🕨 Olsen & Company CPA			Fırm's EIN ▶		
	Pare Onl	1 -	irm's address ▶ 132 SW 5th Ave Ste 100	Phone no (20	none no (208) 888- <b>1</b> 595			

Mendian, ID 83642

Form	990 (2015)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
	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		No
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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	<b>11</b> b		No
	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	<b>11</b> c	Yes	
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 3	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
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	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 $\dots \dots \dots \dots \dots \dots \dots$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

,	,
t IV	<b>Checklist of Required Schedules</b> (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

Par	t IV Checklist of Required Schedules (continued)		
21	Did the organization report more than $\$5,000$ of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line $1^7$ If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
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 employees? <i>If "Yes," complete Schedule J</i>	23	No

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

instructions for applicable filing thresholds, conditions, and exceptions)

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🛸

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**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?

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Νo

Nο

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24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance		\			_
		Check if Schedule O contains a response or note to any line in this l	Part	v	•	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	<b>1</b> b	0			
c		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?	vend	dors and reportable	<b>1</b> c		No
2a	Enter Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	0			
b	If at le	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loym	ent tax returns?	2b		No
За		e organization have unrelated business gross income of \$1,000 or more during	,	•	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanatio	n in S	Schedule O	3b		No
4a	over,	y time during the calendar year, did the organization have an interest in, or a sig a financial account in a foreign country (such as a bank account, securities acc nt)?	-	•	4a		No
b		s," enter the name of the foreign country   structions for filing requirements for FinCEN Form 114, Report of Foreign Bank  )	and	Financial Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
<b>6</b> a		the organization have annual gross receipts that are normally greater than \$10		•	5c 6a	Yes	
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th			6b	Yes	
7		not tax deductible?			90	165	
	Did th	e organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pr	ovide	ed?	7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	•	which it was required to	<b>7</b> c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\dots$ $oxedsymbol{igle}$	7d				
e	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	If the requir	organization received a contribution of qualified intellectual property, did the or	rganız • •	zation file Form 8899 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd •	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus the year?	ines:	s holdings at any time	8		No
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?			9a		No
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		No
LO	Section	on 501(c)(7) organizations. Enter					
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	<b>10</b> b		]		
L1		on 501(c)(12) organizations. Enter		ı			
		Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	<b>11</b> b				
		on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		No
b	If"Ye year	s," enter the amount of tax-exempt interest received or accrued during the	<b>12</b> b				
L3	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> o onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		No
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	<b>13</b> b				
c	Enter	the amount of reserves on hand	13c				
L4a	Did th	e organization receive any payments for indoor tanning services during the tax	year	?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> t	tion ir	Schedule O	14b		

orm	1990 (2	2015)					Page <b>6</b>
Par	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No			or 10	b belo	
		describe the circumstances, processes, or changes in Schedule O. S					_
Sc	ction	Check if Schedule O contains a response or note to any line in this Part VI  A. Governing Body and Management	• •	<del></del>	•		🗸
		At doverning body and Planagement				Yes	No
1a	Enter year	the number of voting members of the governing body at the end of the tax	1a	7			
	If ther body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee illar committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are endent	<b>1</b> b	0			
2		ny officer, director, trustee, or key employee have a family relationship or a bus officer, director, trustee, or key employee?			2	Yes	
3		e organization delegate control over management duties customarily performe vision of officers, directors or trustees, or key employees to a management coi			3		No
4		e organization make any significant changes to its governing documents since		rior Form 990 was	4	Yes	
5	Did th	e organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did th	e organization have members or stockholders?			6	Yes	
7a		e organization have members, stockholders, or other persons who had the pow members of the governing body?			7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approva sons other than the governing body?			<b>7</b> b	Yes	
8		e organization contemporaneously document the meetings held or written acti by the following	ons ur	ndertaken during the			
а	The go	overning body?			8a	Yes	
		committee with authority to act on behalf of the governing body?			<b>8</b> b		No
	organı	re any officer, director, trustee, or key employee listed in Part VII, Section A , ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>	0.		9		No
Se	ection	<b>B. Policies</b> (This Section B requests information about policies not	requi	red by the Internal R	evenu		
4.0	D. J. II.	Company to the standard of the			10-	Yes	No
		e organization have local chapters, branches, or affiliates?	· ·	of such chapters	10a	Yes	
	affılıat	es, and branches to ensure their operations are consistent with the organization	on's e	xempt purposes?	<b>10</b> b	Yes	
	the for				11a	Yes	
		ibe in Schedule O the process, if any, used by the organization to review this F	orm 9	90	12-	Yes	
		e organization have a written conflict of interest policy? <i>If "No," go to line 13</i> officers, directors, or trustees, and key employees required to disclose annuali	 Iv into	roots that could awa	12a	res	
	rise to	conflicts?			12b	Yes	
	ın Sch	e organization regularly and consistently monitor and enforce compliance with edule O how this was done			12c	Yes	
13		e organization have a written whistleblower policy?			13	Yes	
14		e organization have a written document retention and destruction policy? .			14	Yes	
15	ındepe	e process for determining compensation of the following persons include a reviendent persons, comparability data, and contemporaneous substantiation of the	ie deli	beration and decision?			N -
		rganization's CEO, Executive Director, or top management official			15a	Vac	No
D		officers or key employees of the organization	•		15b	Yes	
16-		s" to line 15a or 15b, describe the process in Schedule O (see instructions) e organization invest in, contribute assets to, or participate in a joint venture (	nreim	ilar arrangement with a			
	taxabl	le entity during the year?			16a		No
	partic	s," did the organization follow a written policy of procedure requiring the organi ipation in joint venture arrangements under applicable federal tax law, and take ization's exempt status with respect to such arrangements?	e step	s to safeguard the	<b>16</b> b		
		C. Disclosure  ne States with which a copy of this Form 990 is required to be filed▶					

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.
- O wn website Another's website 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, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►KATHY RICE 2017 S COVEY PLACE MERIDIAN, ID 83642 (208) 888-2669

Part VII

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

#### 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, or 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

<b>(A)</b> Name and Title	(B) A verage	Pos	sition	(C		chec	k	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated	
Name and Thie	hours per week (list any hours for related	more pers	thar son is	one bot rect	bo: h ar or/ti	x, unle n offic rustee	ess er e)	compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099-	amount of other compensation from the	
	organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee individual trustee or director		Former	MISC)	MISC)	organization and related organizations				
(1) Peter Sibus	5 00										
Chairman	0 00	X						0	0	0	
(2) Will Adams	2 00										
Director	0 00	X						0	0	0	
(3) TRAVIS HIGHT	2 00										
Director	0 00	X						0	0	0	
(4) FRED D RICE	2 00										
Director	0 00	X						0	0	0	
(5) LES NYE	2 00										
President	0 00	X						0	0	0	
(6) Horacıo Caldera	2 00	×						0	0	0	
Director	0 00	^						0	0		
(7) Mike Nielson	2 00										
Director	0 00	X						0	0	0	
				1	1						

art VII	Section A. Office	rs, Directors, T	rustees, Key	y Employees,	and Highest	Compensated Employe	<b>es</b> (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related organizations
1b Sub-Total						•				
c Total from continuation sheet	•			٠	•	· [				
d Total (add lines 1b and 1c) .				•	•					
Total number of individuals (in	cluding but not	limited t	-a +ha	I	ic to	d abou	~ \ wi	as recoved more th	a n	

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  $\triangleright$  0
- 3
  - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . . . . . . . For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
  - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . . . . Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . . .

# 4 Νo 5 Νo

Yes

3

No

Νo

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year								
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\triangleright$  0

Form 99	•							Page <b>9</b>
Part V	1111	Statement o						_
		Check if Schedi	ule O contains a respor	ise or note to an <b>y l</b> ir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S ts	1a	a Federated campaigns 1a						
ant un	ь	Membership du	es <b>1b</b>	120,152				
Gifts, Grants ilar Amounts	С	Fundraising eve	ents <b>1c</b>					
fts. ır A	d	Related organiz	ations 1d					
ons, Gifts, Grants Similar Amounts	e	Government grants	s (contributions) <b>1e</b>					
ons Sir	f	All other contribution	ons, gifts, grants, and <b>1f</b>	13,819				
tributio Other S	•	sımılar amounts no	t included above					
iti Ot	g	Noncash contribution 1a-1f \$	ons included in lines					
Contributions, and Other Sim	h	Total. Add lines	s 1a-1f	🗼	133,971			
				Business Code				
ษาเ	<b>2</b> a							
₹.	b							
4Ce	С							
Ser	d							
'anı	e •	All other progra	am coruco rovonuo					
Program Service Revenue	f		ım service revenue					
<u> </u>	g		s 2a-2f		0			
	3		ome (including dividend ar amounts)		42,699			42,699
	4	Income from inves	tment of tax-exempt bond p	proceeds >	0			
	5	Royalties	(3.81	<b>&gt;</b>	0			
	<b>6</b> a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco		· · · •	0			
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	270,075					
	b	Less cost or other basis and	243,184					
	С	sales expenses Gain or (loss)	26,891					
	d	Net gain or (los	·		26,891	26,891		
a)	<b>8</b> a	Gross income f	rom fundraising	-				
Other Revenue		events (not inc \$	reported on line 1c)					
erl		,	a					
Oth			penses <b>b</b>		_			
_	C		loss) from fundraising e	events >	0			1
	<b>7</b> a	See Part IV, lin	rom gaming activities e 19 <b>a</b>					
	b		penses b		0			
	С	Net income or (	loss) from gaming activ	vities	o o			
	10a	Gross sales of returns and allo		20,473				
	b	Less cost of go	oods sold <b>b</b>	10,745				
	С		loss) from sales of inve		9,728			9,728
	11a	Miscellaneous	s Kevenue	Business Code				
	11a b							
	С							
	d	A II other revenu	ue					
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions	🕨	213,289	26,891		E2 //27
		_			213,289	20,891		52,427 Form <b>990</b> (2015)

### Part IX Statement of Functional Expenses

Section 501(c)(3	2) and 501(c)(4	) organizations must co	mnlete all columns	All other organizations n	nust complete column (A)

Check if Schedule O contains a response or	note to any line in this Part IX							

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	28,012			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				
11	Fees for services (non-employees)	0			
а	Management	0			
b	Legal	5,313			
c	Accounting	16,025			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	104			
12	Advertising and promotion	2,314			
13	Office expenses	3,032			
14	Information technology	2,282			
15	Royalties	0			
16	Occupancy	0			
17	Travel	16,235			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11,637			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,060			
23	Insurance	2,731			
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	OTHER FEES	4,800			
b	PHONE	2,090			
c	SALES TAX	1,635			
d	MEALS	444			
е	A II other expenses	765			
25	Total functional expenses. Add lines 1 through 24e	102,479	0	0	0
26	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)				

01111						- rage ==
Par	t X	Balance Sheet	- D V			_
		Check if Schedule O contains a response or note to any line in the	SPARTX	(A)		· · · ·   (B)
	,			Beginning of year		End of year
	1	Cash-non-interest-bearing		78,029	1	117,042
	2	Savings and temporary cash investments			2	0
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net			4	0
	5	Loans and other receivables from current and former officers, di key employees, and highest compensated employees Complete Schedule L	Part II of			
	6	Loans and other receivables from other disqualified persons (as			5	0
ts		section 4958(f)(1)), persons described in section 4958(c)(3)(E employers and sponsoring organizations of section 501(c)(9) v employees' beneficiary organizations (see instructions) Comple Schedule L	), and contributing oluntary			
Assets					6	0
As	7	Notes and loans receivable, net			7	0
-	8	Inventories for sale or use		26,371	8	27,193
	9	Prepaid expenses and deferred charges			9	0
	10a	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D  10	47,965			
	b	Less accumulated depreciation 10	33,456	19,569	<b>10</b> c	14,509
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11 $\cdot$ . $\cdot$		724,827	13	800,851
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11			15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)		848,796	16	959,595
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Sche	dule D		21	
bilities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi				
		persons Complete Part II of Schedule L			22	
Lia	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ed third parties,			
				26	25	15
	26	Total liabilities.Add lines 17 through 25		26	26	15
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	→ and complete			
<u>a</u>	27	Unrestricted net assets		848,770	27	959,580
æ	28	Temporarily restricted net assets			28	
2	29	Permanently restricted net assets			29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ▶   and			
ţ	30	Capital stock or trust principal, or current funds			30	
<b>5</b> S E	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other fu			32	
Net	33	Total net assets or fund balances		848,770	33	959,580
	34	Total liabilities and net assets/fund balances		848,796	34	959,595
	-					

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 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 the 3a Nο Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Employer identification number

82-0379652

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

Department of the Treasury Internal Revenue

Name of the organization

IDAHO STATE POLICE ASSOCIATION

Political expenditures

### **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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
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Service

If the organization answered "Yes" on 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	:)(3).	
1	Enter the amount of any excis	e tax incurred by the organization und	ler section 4955	<b>•</b>	\$
2	Enter the amount of any excis	e tax incurred by organization manage	ers under section	14955 ▶	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	0 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c	c), except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to otl	her organizations	for section 527 ▶	\$
3	Total exempt function expendi	itures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	form 1120-POL for this year?			Yes ✓ No
5	organization made payments amount of political contributio	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If	e amount paid fro irectly delivered t	m the filing organization's fi to a separate political organ	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	Paperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990	<b>-EZ.</b> C	at No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

P	art II-	A	Complete if the organization is exempt under section $501(c)(3)$ and file under section $501(h)$ .	ed Form 5768	(election
	Check	•	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures)	oup member's name	e, address, EIN,
	Check	•	If the filing organization checked box A and "limited control" provisions apply		
				/-\ E:::	/L \ A661:-44

	Limits on Lobb	pox A and "limited control" provisions apply bying Expenditures heans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots		•
b	lobbying) Total lobbying expenditures to influence a legis	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of I	ine 1f)		
h	Subtract line 1g from line 1a If zero or less, er	ter -0 -		
i	Subtract line 1f from line 1c If zero or less, en	ter - 0 -		
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 4720		
j		line 1h or line 1i, did the organization file Form 4720	No	

	4-Year Ave (Some organizations that made a so columns below. See th		ection do not	have to com		ne five
	Lobbying Expe	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
			·	Sche	dule C (Form 990	or 990-EZ) 2015

Return Reference

che	edule C (Form 990 or 990-EZ) 2015				Рa	ige <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	IOT				
or e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	a)	1	(b)	
ctiv		Yes	No	A	moun	t
1	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	res				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?			1	(b) mount  Yes Yes  Action  III-	
d	Mailings to members, legislators, or the public?					
е	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			1		
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?					
Paı	rt III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	<b>01</b> (c	)(5), (	or se	ction	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	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).					
а	,	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	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 and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	n lict\	Dart 11	- ^ 1	nac 1	
	(see instructions), and Part II-B, line 1. Also, complete this part for any additional information	P 1131),	. uit 11			anu

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D (Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

OMB No 1545-0047

<u> 2015</u>

DLN: 93493040011347

Open to Public Inspection

nterr	nal Revenue Service	· · · ·			
	me of the organization HO STATE POLICE ASSOCIATION			oyer identifica	tion number
D.	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar F		379652	
		ed "Yes" on Form 990, Part IV, line 6.	unus	or Accounts	•
		(a) Donor advised funds	(b)	Funds and othe	er accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor funds are the organization's property, subject to	<u> </u>	nor advis	sed	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			r purpose	┌ Yes ┌ No
Pa	rt II Conservation Easements. Compl	ete if the organization answered "Yes"	on Forn	n 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the	he organızatıon (check all that apply)			
	Preservation of land for public use (e g , recreducation)	reation or Preservation of a	an histor	ically importan	t land area
	Protection of natural habitat	Preservation of a	a certifie	d historic struc	ture
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservat	ion
				Held at the	End of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easem		2b		
С	Number of conservation easements on a certified	` '	2c		
d	Number of conservation easements included in ( historic structure listed in the National Register		2d		
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by th	e organization (	during the
4	Number of states where property subject to cons	ervation easement is located 🕨			
5	Does the organization have a written policy regaviolations, and enforcement of the conservation	· · · · · · · · · · · · · · · · · ·	ndling of	<b>┌ ⋎</b>	es No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easer	ments during the
7	A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing o	conserva	ation easement	s during the year
В	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$ ?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)	es No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the tex- the organization's accounting for conservation ea	t of the footnote to the organization's financia			
Pa i		ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar <i>I</i>	Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education,	, or resea	arch in furthera	
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	r assets held for public exhibition, education,			
(	(i) Revenue included on Form 990, Part VIII, line	1	<b>&gt;</b> \$ _		
	ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art,	historical treasures, or other similar assets f			
_	If the organization received of held works of are,	mistorical treasures, or other similar assets i	or mian	siai gaiii, provid	ic the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	torio	al T	reas	sures, or	Oth	er Similar A	sse	ts	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	ords, ch	neck a	n <b>y</b> of	the fo	llowing that	are	a sıgnıfıcant us	e of ı	ts	
а		Public exhibition		d	Г	Loai	nore	xchange pro	grar	ns			
b	_ :	Scholarly research		e	Г	O th	er						
c		Preservation for future generations											
4	Provi Part >	de a description of the organization's	s collections and expl	laın hov	w they	furth	er the	e organizatio	n's e	exempt purpose	ın		
5		g the year, did the organization solic s to be sold to raise funds rather tha								mılar <b>Ve</b> s	s	┌ No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, lı	ne 9, or re	epor	ted an amour	nt on	Forn	າ 990,
1a		organization an agent, trustee, cus led on Form 990, Part X?	todian or other intern	nediary	forco	ntrıb	utions	s or other as	sets	not <b>Ye</b> s	s	┌ No	
ь	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fol	lowing	table	e		Γ	Am	ount		
c		Jinning balance	·					1	c				
d		ditions during the year						10	d				
e		tributions during the year						10	e				
f		ding balance						11	f				
2a		ne organization include an amount oi	n Form 990, Part X, lı	ne 21,	for es	crow	orcus	stodial acco	unt I	ıabılıty? <b>Ye</b> s	5	┌ No	
b	If "Ye	s," explain the arrangement in Part	XIII Check here if th	ne expla	anatio	n has	beer	ı provided in	Par	XIII			
Pa	rt V	Endowment Funds. Comple											
		·	(a)Current year	<b>(b)</b> Pr	or year		<b>b (c)</b> T	wo years back	(d)	Three years back	(e)F	our ye	ars back
1a	Begir	nning of year balance											
b	Cont •	ributions · · · · · · · ·											
С	Netı Iosse	nvestment earnings, gains, and es											
d	Gran	ts or scholarships											
е		r expenditures for facilities rograms											
f	A d m i	nistrative expenses											
g		of year balance											
2	Provi	de the estimated percentage of the o	current year end balar	nce (lın	ie 1q,	colun	nn (a)	) held as					
а		designated or quasi-endowment <b>&gt;</b>	•	•	5,		` '	•					
b		anent endowment											
С	The p	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c											
3a		nere endowment funds not in the pos ization by	ssession of the organi	zation	that a	re hel	ld and	administer	ed fo	r the	Г	Yes	No
	<b>(i)</b> un	related organizations								<b>3</b> a	(i)		
	(ii) re	lated organizations						•		3a	(ii)		
b		s" on 3a(II), are the related organiza							•	3	3b		
4		ribe in Part XIII the intended uses o		ndowm	ent fu	nds							
Pa	rt VI	Land, Buildings, and Equip Complete if the organization a		orm 9	90 P	art I'	V lın	e 11a See	For	m 990 Part X	' lın	e 10	
		Description of property	mswered res to r	(a)	Cost o		r basıs	<b>(b)</b> Cost or other l		Accumulated (c)depreciation			k value
12	Land							(other)	$\dashv$		-		
		gs		·  -							+		
		old improvements		. `⊢							$\dashv$		
		nent						47	,965	33,4	156		14,509
	Other			· [				77,	, , , , ,	55,4			-1,509

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII	<b>Investments—Other Securities.</b> C See Form 990, Part X, line 12.	Complete if the org	anızatıon answered 'Ye	es' on Form 990, Part IV, line 11b.
	(a) Description of security or catego (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market value
	Il derivatives held equity interests			·
<b>(3)</b> O ther	There equity interests			
	(I)	•		
	Investments—Program Related.			
	Complete if the organization answer  (a) Description of investment	ed 'Yes' on Form 9	90, Part IV, line 11c. <sub>Se</sub>	ee Form 990, Part X, line 13. (c) Method of valuation
	(-),		(-,	Cost or end-of-year market value
	on (b) must equal Form 990, Part X, col (B) line 13)  Other Assets. Complete if the organiza	tion answered 'Yes' o	800,851 In Form 990, Part IV, line	
		scription		(b) Book value
<del>-</del> (6.)	(1) 15 000 0 1 1 1 1 (0) 1	45.)		
Part X	mn (b) must equal Form 990, Part X, col (B) lin  Other Liabilities. Complete if the o		ed 'Yes' on Form 990,	
1.	See Form 990, Part X, line 25.  (a) Description of liability	(b) Book val	ue	
Federal inco	nme taves			
INSURANC	E DUES		13	
Rounding			2	
	nn (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b>	15	
2. Liability forganization	for uncertain tax positions In Part XIII, pro n's liability for uncertain tax positions under	vide the text of the fo FIN 48 (ASC 740) (	otnote to the organization Check here if the text of th	's financial statements that reports the ne footnote has been provided in Part

Return Reference

Schedule D (Form 990) 2015

	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains (losses) on investments 2a		
	Donated services and use of facilities	1	
	Recoveries of prior year grants	1	
	Other (Describe in Part XIII )	1	
	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIII ) 4b		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
rt	XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
	Complete if the organization answered 'Vos' on Form 990 Part IV June 12a		
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	т.	
	Total expenses and losses per audited financial statements	1	
	Total expenses and losses per audited financial statements	1	
	Total expenses and losses per audited financial statements	1	
	Total expenses and losses per audited financial statements	1	
	Total expenses and losses per audited financial statements	1	
	Total expenses and losses per audited financial statements	1	
	Total expenses and losses per audited financial statements	1 2e	
	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	-	
	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		
	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		
	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities		
	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII)  Add lines 2a through 2d  Subtract line 2e from line 1  A mounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a		

Explanation

Schedule D (Form 990) 2015		Page <b>5</b>			
Part XIII Supplemental Information (continued)					
Return Reference	Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule L

## **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

DLN: 93493040011347 OMB No 1545-0047

(Form 990 or 990-EZ)

Treasury Internal Rev		rice			www.irs.g	ov /form990.	•			l	In	spect	ion
Name of	the orga								nploye	r identif	ication	numbe	r
Part I	Exces	ss Benefit Tr	ansaction	IS (section	501(c)(3),	section 501(c)	(4), and 501(	(29)	organı	zations	only)		
		ete if the organiz											
1 (	<b>a)</b> Name	of disqualified p	erson	<b>(b)</b> Re	•	tween disquali	fied person ar	d  (4	•	cription	of _	<b>(d)</b> Cor	rected?
					(	organization			trans	saction		Yes	No
								+					
495	8	nount of tax incu nount of tax, if ar						٠		<b>&gt;</b> \$ .			
(a) Nam	Com orga ne of <b>(</b>	ns to and/or plete if the organization reported  (b) Relationship  with	nization ans	wered "Yes on Form 9 (d) Loan	s" on Form 99 90, Part X, II to	90-EZ, Part V,	(f)Balance	(g)	In	(h)	1	(i)Wr	
perso	I .	organization	loan	or from the organization?		amount	due	default?		by board or committee?		agreement?	
				То	From			Yes	No	Yes	No	Yes	No
													<u> </u>
	+												
								1	1		1		
Total			<b>▶</b> \$										

(a) Name of interested (b) Relationship between (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance

person	interested person and the organization	(c) Amount of assistance	(a) Type of assistance	(c) r dipose or distince
For Panerwork Reduction Act N	latice, see the Instructions for	Form 990 or 990-F7. Ca	t No. 500564 Sahadula	- L (Farm 000 av 000 F7) 201F

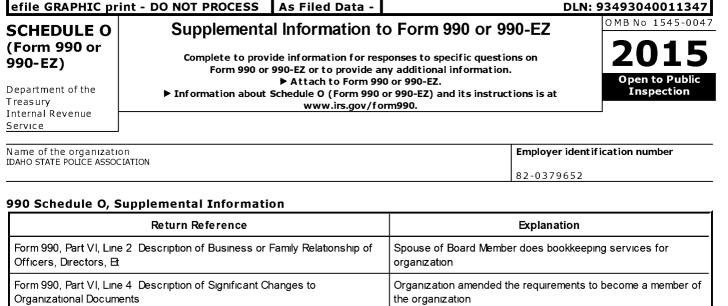
Page 2

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.							
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?			
				Yes	No		
(1) KATHY RICE	WIFE		BOOKKEEPING SERVICES		Νo		
					1		

Part V

**Supplemental Information** 

Provide additional information for responses to questions on Schedule L (see instructions)



990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part VI, Line 7b Describe Decisions of Governing

Body Approval by Members or Shareholders	wide vote, and not solely the governing body
Form 990, Part VI, Line 11b Form 990 Review Process	EACH MEMBER OF THE BOARD OF DIRECTORS IS EMAILED A COPY OF
	THE FINISHED TAX RETURN FOR REV

Certain votes for organization bylaws or events are subject to membership

N TO THE CHAIRMAN. WHOM WILL THEN SIGN THE TAX RETURN

THE FINISHED TAX RETURN FOR REV

IEW AND CONSIDERATION ONCE ALL BOARD MEMBERS AGREE TO THE

TAX RETURN, NOTICE WILL BE GIVE

990 Schedule O, Supplemental Information Return Reference Explanation Form 000 Port VI Line 15h Common attent Devices and Annual

Process for Officers and Key Employees	indiffully bookkeeping is reviewed by board of directors every year
Form 900 Part VI. Line 19. Other Organization Pooliments Bublishy	COVERNING DOCUMENTS A DE AVAILA BLE TO THE DUBLIC VIA THE

SECRETARY OF STATE WEBSITE

Form 990, Part VI, Line 19 Other Organization Documents Publicly

Available