Form **990** 

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

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

	rtment of the lal Revenue :					90 for instruct				1901	348.7%	4741	
A	For the 20	18 calendar	year, or tax	year beginn	ing 10/0	)1	, 2018,	and ending	9/3	0	, 2019		
В	Check if appl	icable C					_			D Employer ide	ntification num	iber	
	Address			ATE POLI						82-037			
	Name cl			ICE 2017		Y PLACE				E Telephone nu	mber		
	Initial re	turn M	EKIDIAN	, ID 836	42				L	208 88	8-26 <u>69</u>		
	Final retur	n/terminated											
	Amende	ed return								G Gross receipt		329,	
	Applicat	ion pending F	Name and ad	dress of principa	l officer					group return for sul	- ⊢	Yes	X No
		S	AME AS					12	H(b) Are all s If "No,"	subordinates inclui attach a list (see	ded? instructions)	Yes	∐ No
<u> </u>	Tax-exemp	pt status	501(c)(3)	X 501(c) (	<u>5</u> ) <b>▼</b> (ir	nsert no )	4947(a)(1) or	527					
J	Website	: ► ISP	AONLINE.	. ORG			-1	ļ	H(c) Group e	xemption number	<u> </u>		
K		rganization	Corporation	Trust	Association	Other -	L.	Year of formation	on	M State o	f legal domicil	9	
Pē		Summary											
						ignificant activ	ritiens TO	PROVIDE	SERVI	CES AND	<u>ASSISTA</u>	NCE_	TO
မွ	<u>W</u> E	MBERS O	F THE AS	SSOCIATIO	<u> </u>								. – – –
ā													· – – –
Governance	2 Che	ck this box	►		n discontinue	ed its operatio	ns or dispo	sed of more	e than 25	 % of its net as			
ලි						Part VI, line 1a				3			7
•ಶ¹						rning body (P				4			0
ë						ar 2018 (Part	V, line 2a)			5			0
Activities &				(estimate if	-	(0)				6			0
ĕ						umn (C), line <del>98-T, line 38 -</del>	12			7a			<u>0.</u> 0.
_	D INEL	unrelateu u	usiness taxa	able III porrie	RECE				D.	nor Year		ent Yea	
	8 Cor	stributions a	nd grants (F	art VIII, Jihe		()				187,137		242,	
ne					^ \	2020				107,137	•	2721	270.
Revenue	10 Inve	estment inco	ome (Part V	III, column (A	(1), lines 3, 4,	and /d)   v	ŀ			54,377		60,	452.
æ	. <b>11</b> Oth	er revenue	(Part VIII, co	olumn (A), <del>Ui</del> r	<del>106-5, 60, 8</del> e	<del>, ye, tue, a</del> nd	11e)			22,826			294.
	<b>12</b> Tota	al revenue -	- add lines 8	8 through 11		Part Til, colu	mn (A), lır	ne 12)		264,340		326,	044.
	<b>13</b> Gra	nts and sim	ılar amounts	s paid (Pärt I	X, column (A	A), lines 1-3)	•			28,130	•	32,	832.
	<b>14</b> Ber	nefits paid to	or for mem	nbers (Part I)	(, column (A	), line 4)				38,236		51,	<u>317.</u>
s	<b>15</b> Sala	aries, other	compensation	on, employee	e benefits (P	art IX, column	(A), lines	5-10)					
Expenses	<b>16 a</b> Pro	fessional fu	ndraising fee	es (Part IX, d	:olumn (A), I	ine 11e)				52,042		73,	005.
- d	<b>b</b> Tota	al fundraisin	ig expenses	(Part IX, col	umn (D), line	25) 🟲				<u>ز.</u>			
ũ	<b>17</b> Oth	er expenses	s (Part IX, c	olumn (A), lır	nes 11a-11d,	11f-24e)				54,653		68,	454.
	<b>18</b> Total	al expenses	Add lines	13-17 (must e	equal Part IX	, column (A),	line 25)			173,061		225,	608.
	<b>19</b> Rev	venue less e	expenses Si	ubtract line 1	8 from line 1	2				91,279		100,	436.
8		•								g of Current Yea		of Yea	
eete alan	<b>20</b> Tota	•	art X, line 1	•					1	,132,859		,233,	
Net Assets or Fund Balances	<b>21</b> Tota	al liabilities	(Part X, line	26)					-	13	+		13.
ž	<b>22</b> Net	assets or fi	und balance	s Subtract li	ne 21 from li	ne 20			1 1	,132,846	. 1,	<u>, 233,</u>	282.
		Signature											
Unde	r penalties of	perjury I declare	a that I have exar	mined this return,	including accompa	anying schedules ai of which preparer	nd statements, has any know	and to the best of	of my knowled	ge and belief, it is t	rue correct, an	d	
		T.			-								
<b>C</b> :.		Signature	of officer			-			l Dat	te			
Sig He	gn re	I. "	R SIBUS						CHAIF	мам			
110	10		rint name and ti	itle					CHAIL	(LIVIA			
_		Print/Type pre			Preparer's sig	nature		Date		Check If	PTIN		
Pa	id	KEN WE			KEN WEE	BSTER				self employed	P0190	8644	
	iu eparer	Firm's name		N & COMP							1		
	e Only	Firm's address		SW 5TH A					·	Firm's EIN ► 8	2044946	58	
	•			DIAN. ID						Phone no 20			

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

May the IRS discuss this return with the preparer shown above? (see instructions)

TEEA0101L 08/20/18

82-0379652

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Form 990 (2018)

IDAHO STATE POLICE ASSOCIATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
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	Х	
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III	8		Х
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		Х
0	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		Х
1	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	11 a	Х	
t	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	11 ь		Х
	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	11 c	Х	
ď	I 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	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ŀ	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	12 Ь		Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)^7$ If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
l	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	14ь		х
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		Х
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		Х
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	Х	
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ŧ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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? If 'Yes,' complete Schedule I, Parts I and II	21		X
_		_		

## Form 990 (2018) IDAHO STATE POLICE ASSOCIATION Checklist of Required Schedules (continued)

			Yes	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	Х	
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? If 'Yes,' complete Schedule J	23		<u> </u>
24 a	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 and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
t	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	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? If 'Yes,' complete Schedule L, Part II	26		X
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		Х
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)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
ď	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV. and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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		Х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Fart v		Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable.			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA	777401041 00/03/10		990 (	(2018)

O IDAHO STATE POLICE ASSOCIATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
	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	2 a				
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax re	turns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		ns)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year	7		3 a		X
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O			3 Ь		
	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account accoun	or othi iancia	er authority over, a I account)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country		A	4		]
<b>.</b>	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Fin.		•	<u> </u>		$\frac{1}{x}$
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•		5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter. If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	l (l'ains	Saction	5 c		
				30	<del></del>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?			6 a	Х	
	If 'Yes,' did the organization include with every solicitation an express statement that such coinot tax deductible?	ntribui	tions or gifts were	6Ь	Х	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?	rtly fo	r goods and			
ь	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it	was required to file	7 c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		t contract?	7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene			7 f		
	If the organization received a contribution of qualified intellectual property, did the organization as required?			7 q		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organ	ization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained	by the sponsoring			
	organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9 a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?		9 Ь		
	Section 501(c)(7) organizations. Enter	۱	I	Ì		
	Initiation fees and capital contributions included on Part VIII, line 12	10 a		4		1 1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 Ь		4		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	1 11 2	1			
	Gross income from other sources (Do not net amounts due or paid to other sources	11 a		$\dashv$		1 1
	against amounts due or received from them )	11 ь	10412	12		
	i Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of l ight 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	-orm   <b>12 b</b>		12 a	<u> </u>	1
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	L <u></u>	$\dashv$	}	
	Is the organization licensed to issue qualified health plans in more than one state?			13 a	<del>                                     </del>	┝╌┦
-	Note. See the instructions for additional information the organization must report on Schedule	0		150		
Н	Enter the amount of reserves the organization is required to maintain by the states in					
	which the organization is licensed to issue qualified health plans: Enter the amount of reserves on hand	13 b		4		
	Did the organization receive any payments for indoor tanning services during the tax year?	136	l	14 a	<del>                                     </del>	X
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedi	ile O	14 a		<del>  ``</del>
				140	<del>                                     </del>	<del> </del>
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year?	remul	ici ation oi	15	1	Х
	If 'Yes,' see instructions and file Form 4720, Schedule N			- · · · · ·		
16	Is the organization an educational institution subject to the section 4968 excise tax on net inve	estme	nt income?	16	<u> </u>	X
	If 'Yes,' complete Form 4720, Schedule O					

 $\overline{X}$ 

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O: See instructions.

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

ec	ction A. Governing Body and Management				
				Yes	No
1 a	If there are material differences in voting rights among members of the governing body at the end of the tax year of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	7			
	b Enter the number of voting members included in line 1a, above, who are independent				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with ar	y other			
2	officer, director, trustee, or key employee?	y other	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct si	upervision -			•
	of officers, directors, or trustees, or key employees to a management company or other person?	` <u></u>	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  SEE SCH 0		4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?	Γ	6	Х	
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one members of the governing body?	or more	7 a	Х	
t	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	сн о	7 b	х	
8	the following	year by			
	a The governing body?	L	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	_	8ь		X
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		Х
<u>Sec</u>	ction B. Policies (This Section B requests information about policies not required by the In-	ternal Rever			
		_		Yes	No
	a Did the organization have local chapters, branches, or affiliates?		10 a	Х	
ŀ	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensur operations are consistent with the organization's exempt purposes?		10 ь	Х	
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11 a	Χ	
ı	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHI	EDULE O			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	L	12 a	Χ	
ı	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give to conflicts?		12 Ь	х	
(	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' described O how this was done	)	12 c	х	L
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?	L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by indepersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	pendent			
i	a The organization's CEO, Executive Director, or top management official		15 a		X
ı	<b>b</b> Other officers or key employees of the organization SEE SCHEDULE O	Γ	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)				
16 :	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	1	16 a		X
í	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		16 b		
Sec	ction C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (available for public inspection. Indicate how you made these available. Check all that apply	Section 501(c)	(3)s	only)	
	Own website Don request Other (explain in Section 2)	chedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial state the public during the tax year SEE SCHEDULE O	itements available	to		
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecords >			
	KATHY RICE 2017 S COVEY PLACE MERIDIAN ID 83642 208-888-2669				

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

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

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

- 1 a 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

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

				(C)				`		
(A) Name and Title	(B) Average hours	Posi than is	Position (do not check more than one box, unless person is both an officer and a director/trustee)				1	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PETER SIBUS	5									0
CHAIRMAN	0	Х						0.	0.	0.
(2)_WILL ADAMS DIRECTOR	2	Х						0.	0.	0.
(3) GIDEON ROBERTS	2				Ĭ					
DIRECTOR	0	Х						0.	0.	0.
(4) JASON HORST	2									
DIRECTOR	0	Х						0.	0.	0.
(5) CLIFF KATONA	2									
DIRECTOR	0	X						0.	0.	0.
_(6) DENISE GIBBS	2	'			i i					_
DIRECTOR	0	X						0.	0.	0.
	2	v								0
DIRECTOR	0	X						0.	0.	0.
(8)										
(9)										
(10)										
<u>(11)</u>										
(12)							_			
(13)										
(14)										

Page 8

(A) Name and title	Average hours per week	(do box, offic	not ch unles er an	Pos heck ss pe d a d	ition more rson directo	than is both or/trus	one h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer '	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(15)										
(16)									-	
(717)							-			
(18)										
(19)										
(20)				-				-		
(21)										
(22)							-			-
(23)										
(24)										
(25)										
1 b Sub-total	1				<u> </u>	L	<u> </u>	0.	0	
c Total from continuation sheets to Part VII, Section	on A						<b>&gt;</b>	0.	0	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not lim from the organization ► 0	ited to tho	se lis	ted	abo	ve)	who	rec			
										Yes N
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such as a su	h individu	al	-		-					3
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportable er than \$1!	e con 50,00	npen 07 /:	isati f 'Ye	ion a es, '	comp	othe	er compensation to the Schedule J for	om	4
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes									ndıvıdual	5 )
Section B. Independent Contractors  1 Complete this table for your five highest compen	sated inde	penc	lent	con	trac	tors 1	that	received more th	an \$100,000 of	
compensation from the organization Report com (A) Name and business add	· .	iori	ne c	aier	noar	year	ren	Description	)	(C) Compensation
Tame and Sasiness doc										
				_						
										<u>-</u>
Total number of independent contractors (include \$100,000 of compensation from the organization)		lımıt	ed to	o th	ose	liste	d at	oove) who receive	d more than	
300		TEFA		00.0	00110					Form <b>990</b> (20

	Check if Schedule O contains a respo	nse or note to any	line in this Part VII	I		
	ð		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 b Membership dues 1 b C Fundraising events 1 c C Related organizations 1 d Related organizations 1 d Resovernment grants (contributions) 1 e Government grants (contributions) 1 f All other contributions, gifts, grants, and similar amounts not included above 1 f	122,238.		a, -		
ontr od C	g Noncash contributions included in lines 1a-1f \$_					
	h Total. Add lines 1a-1f	Business Code	242,298.			
Program Service Revenue	b c d e f All other program service revenue	<b>&gt;</b>				
<u> </u>	g Total. Add lines 2a-2f					
:	Investment income (including dividends other similar amounts)     Income from investment of tax-exempt     Royalties	•	60,452.			60,452.
	6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	(ii) Personal	t deliki direken angara sa			
	7 a Guss amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gain or (loss)	(ii) Other	,			
	d Net gain or (loss)	<b>&gt;</b>				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses	a				·
돈	c Net income or (loss) from fundraising e	vents •		<b>\</b> '''·		
	·	a				,
	1	ties >				
	c Net income or (loss) from gaming activi	ties				······································
		26,96 <u>3.</u> 3,669			17 18 4	
	c Net income or (loss) from sales of inver		23,294.	-		23,294.
	Miscellaneous Revenue	Business Code			, , ,	
	b		· · · · · · · · · · · · · · · · · · ·			
	d All other revenue					
	e Total. Add lines 11a-11d	•	206 044			02 746
	12 Total revenue. See instructions		326,044.	<u> </u>	<u>0.</u>	83,746.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3)	and 501(c)(4)	organizations	must comple	ete all columns	All other	organizations	must complet	e column (	A)
	Check if Scho	etule O contai	ine a resonne	e or note to a	ny line in t	his Part IX			

	Check in Schedule O contains a re		<del></del>	<del></del>	
Do n 6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	32,832.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	51,317.	`		
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			}	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	14,248.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	73,005.			
f	Investment management fees			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
9	Other (If line 11g amount exceeds 10% of line 25, column	195.			
12	(A) amount, list line 11g expenses on Schedule 0 ) Advertising and promotion	1,923.			
13	Office expenses	4,550.			
14	Information technology	2,563.			
15	Royalties	2,303.	<del></del>		
16	Occupancy			+	
17	Travel	13,989.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	13,302.		-	
19 20	Conferences, conventions, and meetings Interest	16,012.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,862.			
23	Insurance	2,455.			
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.)				
a	SALES_TAX	2,126.			
	POSTAGE AND SHIPPING	320.			
c	PRINTING AND PUBLICATIONS	211.			
c					
ε	All other expenses				
25	Total functional expenses Add lines 1 through 24e	225,608.			
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)				
=					F 000 (2010)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 169,960 208,791. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 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' 6 beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 27,793 29,670. Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 69,493 b Less accumulated depreciation 10 b 47,786 7,189 10 c 21,707. Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 973,127. Investments - program-related See Part IV, line 11 927,917 13 14 14 Intangible assets 15 Other assets: See Part IV, line 11 15 1,132,859 16 1,233,295 Total assets. Add lines 1 through 15 (must equal line 34) 16 13. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 ⊔abilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 26 13 13 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 1,132,846 27 1,233,282. Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Net Assets 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 1,132,846. 33 1,233,282. 33 Total net assets or fund balances

BAA

34

Total liabilities and net assets/fund balances

TEEA0111L 08/03/18

1,233,295. Form **990** (2018)

34

1,132,859.

Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	326	,044.
2	Total expenses (must equal Part IX, column (A), line 25)	2	225	,608.
3	Revenue less expenses Subtract line 2 from line 1	3		,436.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,132	,846.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6	-	
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column $(B)$ )	10	1,233	
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
	Once the deficación de contains a response en note to any internation at the		Ye	s No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	d on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
	b Were the organization's financial statements audited by an independent accountant?		2 Ь	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	e		
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ie audit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Saudit Act and OMB Circular A-133?	Single	3 a	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	iired audit	3 b	
BA	TEEA0112L 08/03/18		Form 99	<b>0</b> (2018)

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

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Fleich in de Stille en not deller

Department of the Treasury Internal Revenue Service

(5)

(6)

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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
- Section 527 organizations Complete Part I-A only

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

• 5	Section 501(c)(4), (5), or (6) or	ganizations Complete Part III			
Name	of organization IDAHO ST	ATE POLICE ASSOCIATION		Employer identifica	ition number
			•	82-037965	
141	-	ganization is exempt under section!	· · · · <u> </u>		n
1		organization's direct and indirect political ca n of 'political campaign activities')	mpaign activities in P	art IV	
2	Political campaign activity ex	penditures (see instructions)		▶ \$	
3	Volunteer hours for political of	campaign activities (see instructions).			
14.1	Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exci	ise tax incurred by the organization under s	ection 4955	▶\$	-
2	Enter the amount of any exci	ise tax incurred by organization managers (	under section 4955	►\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4 a	Was a correction made?				Yes No
t	If 'Yes,' describe in Part IV				
$\mathcal{F}_1$	Complete if the o	rganization is exempt under secti	on 501(c), excep	ot section 501(c)(3)	).
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing 527 exempt function activities	g organization's funds contributed to other o	organizations for section	on ►\$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and d	on Form 1120-POL,	<b>►</b> \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes X No
5	organization made payments amount of political contribution	and employer identification number (EIN) of For each organization listed, enter the amons received that were promptly and directly a directly action committee (PAC). If additional spaces	nount paid from the fil y delivered to a separ	ing organization's funds ate political organizatio	Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0
(1)					
(2)					
(3)					
(4)					
					<del>-</del>

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

Schedule C (Form 990 or 990-EZ) 2018

	Schedule <b>C</b> (Form 990 or 990-EZ) 2018	TDAHO	STATE	POLICE	ASSOCTATIO
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Part II-A Complete if the section 501(		is exempt under secti	on 501(c)(3) and file	ed Form 5768 (election	n under
<del></del>	· · · · · · · · · · · · · · · · · · ·	ongs to an affiliated group (	and list in Part IV each	affiliated group member's	s name,
address,	EIN, expenses, ar	nd share of excess lobbying	expenditures)	-	
B Check ► ☐ If the filing	g organization che	cked box A and 'limited cor	ntrol' provisions apply		
(The term		ying Expenditures eans amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence pi	iblic opinion (grass roots lo	bbying)		
<b>b</b> Total lobbying expenditu	res to influence a	legislative body (direct lobb	ying)		
<b>c</b> Total lobbying expenditu	res (add lines la a	and 1b)			
<b>d</b> Other exempt purpose e	xpenditures				
e Total exempt purpose ex	penditures (add li	nes 1c and 1d)			
f Lobbying nontaxable am both columns	ount Enter the ar	nount from the following tab	ole in		
If the amount on line 1e, colu	mn (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 \$1,0	000,000	\$100,000 plus 15% of the excess	s over \$500,000		
Over \$1,000,000 but not over \$1	1,500,000	\$175,000 plus 10% of the excess	s 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	1	
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	mount (enter 25%	of line 1f)			
h Subtract line 1g from line	e la Ifzero or les	s, enter -0-			
<ul> <li>Subtract line 1f from line</li> </ul>	e 1c If zero or less	s, enter -0-			
j If there is an amount oth section 4911 tax for this		ther line 1h or line 1i, did th	ne organization file Form	n 4720 reporting	Yes No
(Sor		4-Year Averaging Period hat made a section 501(h) e	election do not have to d		
		below. See the separate ins			
	LOD	bying Expenditures During	4- rear Averaging Pend	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) Total
2 a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					n 990 or 990-EZ) 2018
BAA					

#### Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	)	(b)
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount
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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?			_ \
i Total Add lines 1c through 1:			<u>-</u>
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			<del></del>
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A   Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5	). or	·

## section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		X

## Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, 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).		
	a Current year	2 a	
	<b>b</b> Carryover from last year	2 b	
	c Total	2 c	
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	0.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	0.

#### Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

IDAHO STATE POLICE ASSOCIATION 82-0379652 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements. 2 a b Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2 d structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **-** \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section \( \frac{170(h)(4)(B)(i)}{170(h)(4)(B)(i)} \) and section 170(h)(4)(B)(ii)? No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items ▶\$ (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 ► S b Assets included in Form 990, Part X

BAA

e Other

Schedule D (Form 990) 2018

21,707

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

(b) Book value	(c) Method of valuation Cost or end-of-year market value
·	<u> </u>
'Voc' on Form 990	, Part IV, line 11c See Form 990, Part X, line 13
	(c) Method of valuation Cost or end-of-year market value
(b) Book value	(c) method of valuation cost of end-of-year market value
<del>                                     </del>	
	<u> </u>
072 127	
res on Form 990, Pa	art IV, line 11d See Form 990, Part X, line 15  (b) Book value
	<b>&gt;</b>
Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25
(b) Book value	
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<b>&gt;</b>	
	973, 127.  973, 127.  Yes' on Form 990, Passcription  B) line 15)

Schedule D (Form 990) 2018 IDAHO STATE POLICE ASSOCIATION	82	2-0379652	Page 4
Park XII Reconciliation of Revenue per Audited Financial Statements V		n. N/A	
Complete if the organization answered 'Yes' on Form 990, f	Part IV, line 12a		
1 Total revenue, gains', and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			-
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants.	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	•	!	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Reconciliation of Expenses per Audited Financial Statements	With Expenses per Ret	urn. N/A	
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Pa元 ※Ⅲ Supplemental Information.

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

Schedule D (Form 990) 2018

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

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 82-0379652 IDAHO STATE POLICE ASSOCIATION Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events С Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key Yes X No employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (vi) Amount paid to (III) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (II) Activity have custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization column (i) Yes No 1 2 3 4 6 7 8 9 10 Total 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

Schedule G (Form 990 or 990-EZ) 2018 IDAHO STATE POLICE ASSOCIATION 82-0379652 Page 2 Partill Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) NONE through column (c)) (total number) REVENUE (event type) (event type) Gross receipts 2 Less Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes DIRECT Rent/facility costs Food and beverages EXPENSES 8 Entertainment Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Rartilli Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming REVENUE (a) Bingo bingo/progressive (c) Other gaming (add column (a) bingo through column (c) 1 Gross revenue 2 Cash prizes DIRECT 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 읭 Yes Yes Yes No 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? Yes No b If 'No,' explain

Yes

No

b If 'Yes,' explain

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

sche	edule G (Form 990 or 990-E2) 2018 TDAHO_STATE_POLICE_ASSOCIATION	82-037	9652	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity to administer charitable gaming?	ormed to	Yes	No
13	Indicate the percentage of gaming activity conducted in			
	The organization's facility	13 a		ે
	a An outside facility	13 b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books are	nd records		
	Name •			
	Address •		<del>-</del>	
15 a	a Does the organization have a contract with a third party from whom the organization receives gaming rever	ue?	Yes	No
	b If 'Yes,' enter the amount of gaming revenue received by the organization 🕨 💲 and			
	of gaming revenue retained by the third party > \$			
•	c If 'Yes,' enter name and address of the third party			
	Name ►			
		•		
	Address •	. – – – -		
16	Gaming manager information			
	Name ►			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
,	a Is the organization required under state law to make charitable distributions from the gaming proceeds to restate gaming license?	etain the	Yes	No
	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations of	r spent in	the	_
	organization's own exempt activities during the tax year 🕒 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions	column any add	s (III) and Iitional	l (v);

# SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22 
Attach to Form 990.

OMB No 1545 0047

► Go to www irs.gov/Form990 for the latest information

Employer identification number

		JYes
82-0379652		
IDAHO SIAIE POLICE ASSOCIATION	Partin General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

ose of orani	(h) Purpose of orant	o dottorioso (a)	notetiles to botteM 0)	(4) Description of task ment (6) Amount of task ment (7) Description of	(b) Amount of cash orant		NIS (4)	A AN Alama and address of accordance
:	n led.	answered 'Yes' c nal space is neec	the organization licated if addition	nents. Complete if Part II can be dup	I Domestic Governr more than \$5,000	rganizations and it that received	ice to Domestic O	[Partill] Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.
,				ates	nt funds in the United St	oring the use of grar	procedures for monit	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
o N	Yes	ב	rants of assistance, a	ntees eligibility for the g	s or assistance, the grai	amount of the grant	ds to substantiate the le grants or assistance	T Uposs the organization maintain records to substantiate the amount of the grants or assistance, the grantees eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
(	1		rants or assistance	Deer ploibility for the D	E O ASSISTANCE TO S	amount of the orani	de to contestantiate the	1 Does the organization maintain record

	-						
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
( <u>0</u> )							
(2)							
(3)							
(4)							
!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!							
<u>(5)</u>							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
<u>(9)</u>							
<u>ω</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	) and government org		isted in the line 1 table			<b>A</b>	0

Schedule I (Form 990) (2018)

TEEA3901L 07/13/18

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

82-0379652

Schedule I (Form 990) (2018) IDAHO STATE POLICE ASSOCIATION

Partilla Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

can be duplicated if additional space is needed	space is needed				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					•
2					
3					
4					
S	•				
9					
7					10.00
Partive Supplemental Information. Provide the information required in Part I. line 2: Part III, column (b), and any other additional information.	ovide the information	on required in Part	I, line 2: Part III, o	olumn (b), and any oth	er additional information.

Schedule I (Form 990) (2018)

BAA

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

#### **Transactions With Interested Persons**

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

OMB No 1545 0047 2018

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Department of the Treesury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ

► Go to www irs.gov/Form990 for instructions and the latest information.

Employer identification number 82-0379652

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected?		
		organization	(c) best-spinor of transporter.	Yes	No	
(1)						
(2)						
(3)					Ι.	
(4)						
(5)						
(6)			<u>.</u>			

unt of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

<b>&gt;</b> \$	
<b>&gt;</b> \$	

#### **Partill** Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In a	lefault?	(h) Ap by bo comm	proved ard or ottee?	oved (i) Writ d or agreem tee?	
	!		То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)					·							
(10)												
otal	•				►S		-				Ī	-

### Partill Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2018

#### PartilV Business Transactions Involving Interested Persons.

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) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
			†	Yes	No	
(1) KATHY RICE	WIFE		BOOKKEEPING SERVICES		X	
(2)						
(3)						
(4)						
(5)						
(6) (7)						
(8)						
(9)						
(10)						

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

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

#### 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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

IDAHO STATE POLICE ASSOCIATION

Employer identification number

82-0379652

#### FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

ORGANIZATION AMENDED THE REQUIREMENTS TO BECOME A MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

CERTAIN VOTES FOR ORGANIZATION BYLAWS OR EVENTS ARE SUBJECT TO MEMBERSHIP 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 REVIEW AND CONSIDERATION. ONCE ALL BOARD MEMBERS AGREE TO THE TAX RETURN, NOTICE WILL BE GIVEN TO THE CHAIRMAN. WHOM WILL THEN SIGN THE TAX RETURN.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

MONTHLY BOOKKEEPING IS REVIEWED BY BOARD OF DIRECTORS EVERY YEAR.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC VIA THE SECRETARY OF STATE WEBSITE