

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-004

2019

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.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

A For the 2019 calendar year, or tax year beginning

and ending

B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	DOUGLAS COUNTY SHERIFF'S PROTECTIVE ASSO		94-3156960
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	PO BOX 1153	Room/suite	775-782-9900
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ►
<input type="checkbox"/> Application pending	MINDEN, NV 89423		05
G Accounting Method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
I Website	► N/A		
J Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c)(5)	◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
K Form of organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association <input checked="" type="checkbox"/> Other NON-PROFIT CORP W/O STOCK
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$ 74,048.		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	SEE SCHEDULE O	1		
		2	3	4
1 Contributions, gifts, grants, and similar amounts received		1		
2 Program service revenue including government fees and contracts		2		
3 Membership dues and assessments		3	73,932.	
4 Investment income		4	116.	
5a Gross amount from sale of assets other than inventory	5a			
b Less cost or other basis and sales expenses	5b			
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c			
6 Gaming and fundraising events				
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	of contributions		
c Less direct expenses from gaming and fundraising events	6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a Gross sales of inventory, less returns and allowances	7a			
b Less cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)				
8 Other revenue (describe in Schedule O)				
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	74,048.	
10 Grants and similar amounts paid (list in Schedule O)		10	3,485.	
11 Benefits paid to or for members		11	720.	
12 Salaries, other compensation, and employee benefits		12		
13 Professional fees and other payments to independent contractors		13	1,899.	
14 Occupancy, rent, utilities, and maintenance		14		
15 Printing, publications, postage, and shipping		15		
16 Other expenses (describe in Schedule O)		16	45,074.	
17 Total expenses Add lines 10 through 16		17	51,178.	
18 Excess or (deficit) for the year (subtract line 17 from line 9)		18	22,870.	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	225,563.	
20 Other changes in net assets or fund balances (explain in Schedule O)		20	0.	
21 Net assets or fund balances at end of year Combine lines 18 through 20		21	248,433.	

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2019)

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. 37b X

b Did the organization file Form 1120-POL for this year? 38a X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A

b If "Yes," complete Schedule L, Part II, and enter the total amount involved 39a N/A

39 Section 501(c)(7) organizations Enter 39b N/A

a Initiation fees and capital contributions included on line 9 40a N/A

b Gross receipts, included on line 9, for public use of club facilities 40b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40c N/A, section 4912 40d N/A, section 4955 40e N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40f N/A

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40g N/A

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40h N/A

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40i N/A

41 List the states with which a copy of this return is filed 41 NONE

42a The organization's books are in care of 42a DOUGLAS COUNTY SHERIFF'S PRO Telephone no 42b 775-782-9900
Located at 42c PO BOX 1153, MINDEN, NV ZIP + 4 42d 89423

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42e X

If "Yes," enter the name of the foreign country 42f

See the instructions for exceptions and filing requirements for Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42g

c At any time during the calendar year, did the organization maintain an office outside the United States? 42h X

If "Yes," enter the name of the foreign country 42i

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report those payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b

Yes	No
33	X
34	X
35a	X
35b	N/A
35c	X
36	X
37a	X
37b	X
38a	X
38b	N/A
39a	N/A
39b	N/A
40a	N/A
40b	N/A
40c	N/A
40d	N/A
40e	X
41	NONE
42a	DOUGLAS COUNTY SHERIFF'S PRO
42b	775-782-9900
42c	PO BOX 1153, MINDEN, NV
42d	89423
42e	
42f	
42g	
42h	
42i	
43	
44a	X
44b	X
44c	X
44d	
45a	X
45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Yes	No
46	X

Part VI Section 501(c)(3) Organizations Only

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II

47	
48	
49a	
49b	

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

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

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

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

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

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

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A

► Yes No

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

Sign Here

► Signature of officer

Date

► JUSTIN DAVIS, TREASURER

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
			08/09/20		
	Firm's name ► VT ACCOUNTING ASSOCIATES, LLP			Firm's EIN ► 88-0141764	
	Firm's address ► 3470 G.S. RICHARDS BLVD CARSON CITY, NV 89703			Phone no 775-882-3201	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

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

OMB No. 1545-0017

2019

Open to Public
Inspection

Name of the organization

DOUGLAS COUNTY SHERIFF'S PROTECTIVE ASSO

Employer identification number
94-3156960

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

<u>DESCRIPTION OF PROPERTY:</u>	<u>AMOUNT:</u>
DIVIDENDS	116.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
BOARD TRAVEL	3,190.
LEGAL INSURANCE AND SERVICES	32,409.
PORAN ASSOICATION FEES	5,859.
MISCELLANEOUS	250.
OFFICE EXPENSE	633.
TRAINING	2,733.
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>45,074.</u>

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.