

**Short Form
Return of Organization Exempt From Income Tax**

2008

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning _____, **2008, and ending** _____

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C</p> <p>SD COUNTY DEPUTY SHERIFF'S FOUNDATION</p> <p>13881 DANIELSON ST.</p> <p>POWAY, CA 92064</p>	<p>D Employer identification number</p> <p>20-2030006</p> <p>E Telephone number</p> <p>858-486-9009</p> <p>F Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **102,441.**

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

	1 Contributions, gifts, grants, and similar amounts received	1	77,603.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	3,651.
REVENUE	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 ln 5b from ln 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	21,187.
	b Less: direct expenses other than fundraising expenses	6b	13,684.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,503.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	88,757.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	151,100.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1,235.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,067.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u>)	16	4,822.
	17 Total expenses (add lines 10 through 16)	17	158,224.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-69,467.
ASSETS	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	188,587.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	119,120.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	189,087.	22	119,120.
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 Total assets	189,087.	25	119,120.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 3</u>)	500.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	188,587.	27	119,120.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Client Copy

F/21

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 4		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>SEE STATEMENT 5</u>	
	(Grants \$ 151,100.) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a 5,772.
29		
	(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a
30		
	(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a
31	Other program services (attach schedule).....	
	(Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a).....	32 5,772.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
ERNESTO CARRILLO 17 LAS FLORES CHULA VISTA, CA 91910	PRESIDENT 2.00	0.	0.	0.
PONZIO OLIVERIO 2208 BOULDERS COURT ALPINE, CA 91901	VICE PRESIDENT 1.00	0.	0.	0.
DAVID GILMORE 4752 TWAIN AVE. SAN DIEGO, CA 92120	SEC/TREAS 1.00	0.	0.	0.
TAMMY BENNETTS 13738 SHADOWOOD LANE VALLEY CENTER, CA 92082	DIRECTOR 1.00	0.	0.	0.
MATT CLAY 1 TOMAHAWK STREET TRABUCO CANYON, CA 92679-5323	DIRECTOR 1.00	0.	0.	0.
WILLIAM LAW 715 HARBISON CANYON ROAD EL CAJON, CA 92019	DIRECTOR 1.00	0.	0.	0.
TIM PETRACHEK 413 N. PACIFIC STREET SAN MARCOS, CA 92069-1330	DIRECTOR 1.00	0.	0.	0.
MATTHEW ETCHEPARE 3525 DEL MAR HEIGHTS RD #578 SAN DIEGO, CA 92130-2122	DIRECTOR 1.00	0.	0.	0.
STEVEN PURVIS 1350 WELSH WAY RAMONA, CA 92065	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. SEE STATEMENT 6		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b	Did the organization file Form 1120-POL for this year?		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 unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.		
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.		X
41	List the states with which a copy of this return is filed ▶ CA		

42a The books are in care of ▶ LOUISA HICKS Telephone no. ▶ 858-486-9009
 Located at ▶ 13881 DANIELSON ST. POWAY CA ZIP + 4 ▶ 92064

		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:.. ▶ _____		X

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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)		37,115.	227,807.	276,646.	77,603.	619,171.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	0.	37,115.	227,807.	276,646.	77,603.	619,171.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						12,037.
6 Public support. Subtract line 5 from line 4.						607,134.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	0.	37,115.	227,807.	276,646.	77,603.	619,171.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		278.	4,670.	7,683.	3,651.	16,282.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV.		4,711.	85.	413.	7,503.	12,712.
11 Total support. Add lines 7 through 10.						648,165.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test — 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
16b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")...						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge....						
6 Total. Add lines 1-5.....						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000...						
c Add lines 7a and 7b.....						
8 Public support (Subtract line 7c from line 6.).....						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975....						
c Add lines 10a and 10b.....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....						
13 Total support. (add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).....	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.....	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).....	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.....	18	%

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
SPECIAL EVENTS	7,503.	413.	85.	4,711.	
TOTAL	<u>\$ 7,503.</u>	<u>\$ 413.</u>	<u>\$ 85.</u>	<u>\$ 4,711.</u>	<u>\$ 0.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ and 990-PF
▶ See separate instructions.

OMB No. 1545-0047

2008

Name of the organization
SD COUNTY DEPUTY SHERIFF'S FOUNDATION

Employer identification number
20-2030006

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule –

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

SD COUNTY DEPUTY SHERIFF'S FOUNDATION

20-2030006

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TARGET 33 SOUTH 6TH ST, CC3600 MINNEAPOLIS, MN 55402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DEPUTY SHERIFFS' ASSOC OF SD 13881 DANIELSON STREET POWAY, CA 92064	\$ 23,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization: SD COUNTY DEPUTY SHERIFF'S FOUNDATION
 Employer identification number: 20-2030006

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		LONNY BREWER E (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1	Gross receipts.....	21,187.		21,187.
	2	Less: Charitable contributions.....			
	3	Gross revenue (line 1 minus line 2).....	21,187.		21,187.
DIRECT EXPENSES	4	Cash prizes.....			
	5	Non-cash prizes.....			
	6	Rent/facility costs.....			
	7	Other direct expenses.....	13,684.		13,684.
	8	Direct expense summary. Add lines 4- through 7 in column (d).....			13,684.
	9	Net income summary. Combine lines 3 and 8 in column (d).....			7,503.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
		(Add col. (a) through col. (c))				
REVENUE	1	Gross revenue.....				
	EXPENSES	2	Cash prizes.....			
		3	Non-cash prizes.....			
		4	Rent/facility costs.....			
		5	Other direct expenses.....			
	6	Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d).....				
	8	Net gaming income summary. Combine lines 1 and 7 in column (d).....				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?.....	9a	
b If 'No,' Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?.....	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?.....	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address:

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 retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

	YES	NO
13a		
13b		
14		
15a		
16		
17a		

SD COUNTY DEPUTY SHERIFF'S FOUNDATION

20-2030006

**STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	SAN DIEGO ENFORCERS		
DONEE'S ADDRESS:	10920 ZIA FRONTERA, STE 150		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	RAE COSTA		
DONEE'S ADDRESS:	SAN DIEGO STATE UNIVERSITY		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	PATRICK ELVOY		
DONEE'S ADDRESS:	NATIONAL UNIVERSITY		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	CHRISTINA LARA		
DONEE'S ADDRESS:	CALIFORNIA LUTHERAN UNIVERSITY		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	BRADY LANDSTEDT		
DONEE'S ADDRESS:	STUDENT FINANCIAL AID		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	AMANDA HYDE		
DONEE'S ADDRESS:	GROSSMONT COLLEGE		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ARIANA SPINA		
DONEE'S ADDRESS:	UNIVERSITY OF CALIFORNIA		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	KENSEY SHELBY		
DONEE'S ADDRESS:	SDSU FINANCIAL AID		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	ESTHER QUINONEZ		
DONEE'S ADDRESS:	UNIVERSITY CASHIER'S OFFICE		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.

SD COUNTY DEPUTY SHERIFF'S FOUNDATION

20-2030006

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	MEGAN HULL		
DONEE'S ADDRESS:	UCI FINANCIAL AID		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	SHEENA CROSS		
DONEE'S ADDRESS:	UNIVERSITY CASHIER'S OFFICE		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	JULIA NOBLE		
DONEE'S ADDRESS:	CALIFORNIA STATE UNIVERSITY		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	2,000.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	STEPHANIE FLOYD		
DONEE'S ADDRESS:	CALIFORNIA STATE UNIVERSITY		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,500.
DONEE'S NAME:	CA PEACE OFFICERS MEMORIAL FD		
DONEE'S ADDRESS:	1700 E STREET, SUITE 100		
	SACRAMENTO, CA 95814		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	84,974.
DONEE'S NAME:	SHOP WITH A COP		
	SAN DIEGO, CA		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	46,626.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$	23.
DONATIONS-MISC		4,705.
MISCELLANEOUS		94.
TOTAL	\$	<u>4,822.</u>

SD COUNTY DEPUTY SHERIFF'S FOUNDATION

20-2030006

**STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 500.	\$ 0.
TOTAL	<u>\$ 500.</u>	<u>\$ 0.</u>

**STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO CONTRIBUTE TO YOUTH PROGRAMS AND ORGANIZATIONS WITHIN THE COUNTY OF SAN DIEGO THAT SAN DIEGO COUNTY DEPUTY SHERIFFS COME INTO CONTACT WITH, OR THE FOUNDATION, BASED ON REQUESTS, WISHES TO SUPPORT.

**STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

COLLECTED FUNDS FOR THE WAR VETERANS AT BALBOA HOSPITAL. THESE FUNDS WILL BE USED TO BUY WEB CAMERA, GAMES AND OTHER ITEMS THAT CAN BE USED BY THE WAR VETERANS DURING THEIR STAY AT THE HOSPITAL.

THE FOUNDATION GAVE DONATIONS TO VARIOUS COMMUNITY SPORTING EVENTS AND FUNCTIONS.

THE FOUNDATION HELD THEIR ANNUAL LONNY BREWER GOLF TOURNAMENT. THE NET PROFIT WILL BE USED TO FUND SCHOLARSHIPS FOR 2009.

THE SAN DIEGO COUNTY PEACE OFFICE MEMORIAL WAS COMPLETED.

HELD THE ANNUAL SHOP WITH A COP EVENT. FUNDS ARE RAISED IN ORDER FOR UNDERPRIVILEGED CHILDREN BETWEEN THE AGES OF FIVE AND TWELVE YEARS OLD TO GO CHRISTMAS SHOPPING WITH A COP. ENOUGH FUNDS WERE RAISED TO ALLOW 330 CHILDREN TO PARTICIPATE.

**STATEMENT 6
FORM 990-EZ, PART V, LINE 35
REASON FOR INCOME NOT REPORTED ON FORM 990-T**

THE LONNY BREWER EVENT GENERATES INCOME FROM AN ACTIVITY RELATED TO ITS EXEMPT FUNCTION. THE EVENT IS HELD IN MEMORY OF A FALLEN OFFICER AND THE FUNDS ARE USED TO FUND SCHOLARSHIPS.

**STATEMENT 7
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only. . . .

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization SD COUNTY DEPUTY SHERIFF'S FOUNDATION	Employer identification number 20-2030006
	Number, street, and room or suite number. If a P.O. box, see instructions. 13881 DANIELSON ST.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. POWAY, CA 92064	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of. ► LOUISA HICKS

Telephone No. ► 858-486-9009 FAX No. ► _____

• If the organization does not have an office or place of business in the United States, check this box. . . .

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ► . If it is for part of the group, check this box. ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 09, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- calendar year 20 08 or
- tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. . . . **3a** \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. . . . **3b** \$ _____ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. . . . **3c** \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

F21/21