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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2007**

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

**A** For the **2007** calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☒ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**DEPUTY SHERIFF'S ASSOCIATION, FOP-  
PRINCE GEORGES CO. SHERIFF'S LODGE #112**

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 686**

City or town, state or country, and ZIP + 4

**UPPER MARLBORO, MD 20773****D** Employer identification number**52-1878364****E** Telephone number**(240) 455-2760****F** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Website: **WWW.DSA112MD.ORG****J** Organization type (check only one) ☒ 501(c)(8) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 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.**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **282,076.****Revenue, Expenses, and Changes in Net Assets or Fund Balances**

SCANNED JAN 01 2010

<b>1</b>	Contributions, gifts, grants, and similar amounts received:		
<b>a</b>	Contributions to donor advised funds	<b>1a</b>	
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	<b>1e</b>	<b>0.</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	<b>256,724.</b>
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>2,395.</b>
<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>22,957.</b>
<b>6 a</b>	Gross rents	<b>6a</b>	
<b>b</b>	Less: rental expenses	<b>6b</b>	
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>	
<b>7</b>	Other investment income (describe ▶ _____)	<b>7</b>	
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>	
<b>8d</b>		<b>8d</b>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>	
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	
<b>b</b>	Less: cost of goods sold	<b>10b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>282,076.</b>
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>	<b>217,249.</b>
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>64,827.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>174,334.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0.</b>
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>239,161.</b>

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

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2007.08000 DEPUTY SHERIFF'S ASSOCIATIO 027390

**Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule) <b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>25a</b>	11,800.			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>25b</b>	0.			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c <b>26</b>				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c <b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27 <b>28</b>				
<b>29</b> Payroll taxes <b>29</b>				
<b>30</b> Professional fundraising fees <b>30</b>				
<b>31</b> Accounting fees <b>31</b>	1,600.			
<b>32</b> Legal fees <b>32</b>	64,907.			
<b>33</b> Supplies <b>33</b>	35,821.			
<b>34</b> Telephone <b>34</b>	1,486.			
<b>35</b> Postage and shipping <b>35</b>	87.			
<b>36</b> Occupancy <b>36</b>	3,150.			
<b>37</b> Equipment rental and maintenance <b>37</b>				
<b>38</b> Printing and publications <b>38</b>				
<b>39</b> Travel <b>39</b>	10,663.			
<b>40</b> Conferences, conventions, and meetings <b>40</b>	27,555.			
<b>41</b> Interest <b>41</b>				
<b>42</b> Depreciation, depletion, etc. (attach schedule) <b>42</b>				
<b>43</b> Other expenses not covered above (itemize) <b>a</b> <b>43a</b> <b>b</b> <b>43b</b> <b>c</b> <b>43c</b> <b>d</b> <b>43d</b> <b>e</b> <b>43e</b> <b>f</b> <b>43f</b> <b>g</b> <b>SEE STATEMENT 1</b> <b>43g</b>	60,180.			
<b>44</b> <b>Total functional expenses</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) <b>44</b>	217,249.			

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ►

**TO ASSIST FELLOW OFFICERS IN VARIOUS AREAS**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a PROVIDE LEGAL FEES FOR MEMBER OFFICERS CHARGED ADMINISTRATIVELY**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**b PROVIDE DONATIONS TO OFFICERS, CIVILIANS, AND CIVILIAN ORGANIZATIONS**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

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**Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	74,036.	127,325.
	46 Savings and temporary cash investments	100,298.	111,836.
	47 a Accounts receivable		
	b Less allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 a Investments - publicly-traded securities		
	b Investments - other securities		
55 a Investments - land, buildings, and equipment basis			
b Less accumulated depreciation			
56 Investments - other			
57 a Land, buildings, and equipment basis			
b Less accumulated depreciation			
58 Other assets, including program-related investments (describe )			
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	174,334.	239,161.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe )		
66 <b>Total liabilities.</b> Add lines 60 through 65	0.	0.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted		
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	0.	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	160,841.	160,841.
	72 Retained earnings, endowment, accumulated income, or other funds	13,493.	78,320.
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	174,334.	239,161.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	174,334.	239,161.	

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## Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b		N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	N/A	
83a		X	
83b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84a			
84b			
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85a			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
85b			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
85c			
d	Section 162(e) lobbying and political expenditures	N/A	
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86a			
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
86b			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
87b			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: N/A; section 4912: N/A; section 4955: N/A		
b	501(c)(3) and 501(c)(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," attach a statement explaining each transaction	N/A	
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter: Amount of tax on line 89c, above, 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?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed: MD		
90b		1	
b	Number of employees employed in the pay period that includes March 12, 2007		
91 a	The books are in care of: ROBERT CEASE Telephone no.: (240) 455-2760		
	Located at: 1601 MCCORMICK DRIVE, LARGO, MD ZIP + 4: 20774		
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: N/A		X
91b			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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**Other Information** (continued)

Yes No

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

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

**Analysis of Income-Producing Activities** (See the instructions)**Note:** Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a \_\_\_\_\_  
b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue

a \_\_\_\_\_  
b \_\_\_\_\_  
c \_\_\_\_\_  
d \_\_\_\_\_  
e \_\_\_\_\_

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I**Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93- ALL INCOME PROVIDES FOR THE PAYMENT OF LIFE, SICK, ACCIDENT, OR OTHER

103 BENEFITS TO THE MEMBERS OF THE FRATERNITY AND THEIR DEPENDENTS

**Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a

controlling organization as defined in section 512(b)(13)

N/A

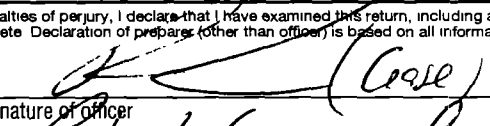

				Yes	No
106 Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

				Yes	No
107 Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			

Please Sign Here	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.				
	 Signature of officer		Date <u>11-16-09</u>		
Paid Preparer's Use Only	 Preparer's signature		Date <u>11/11/09</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X) <u>P00160098</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>MURPHY &amp; MURPHY, CPA, LLC</u> <u>108 LAGRANGE AVE</u> <u>LA PLATA, MD 20646</u>		EIN <u>52-2138627</u>		Phone no. <u>(301) 609-7515</u>

Form 990 (2007)

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AUTOMOBILE/GAS	386.			
BANK CHARGES	292.			
DUES	6,133.			
MEALS & ENTERTAINMENT	3,356.			
REGISTRATION				
FEES/RECREATION	8,769.			
REIMBURSEMENTS	2,051.			
STORAGE	925.			
FLOWERS	2,468.			
GIFTS	2,010.			
GREETING CARDS	169.			
DONATIONS/CONTRIBUTI NS	11,698.			
LOBBYING EXPENSE	12,500.			
PAC CONTRIBUTIONS	341.			
TRAINING	2,300.			
ALARM	199.			
SECURITY DEPOSITS	3,200.			
MISCELLANEOUS	3,383.			
TOTAL TO FM 990, LN 43	60,180.			

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT      2  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT CEASE 120 QUINN RD. GRASONVILLE, MD 21638	PRESIDENT 1.00	10,000.	0.	0.
STANFORD MOORE 6821 ASHLEY CROSSING CT. CAMP SPRINGS, MD 20748	FIRST VICE PRESIDENT 0.00	0.	0.	0.
WENDY TYLER 2680 HOLLAND CLIFFS RD. HUNTINGTOWN, MD 20639	PAST PRESIDENT 10.00	1,800.	0.	0.
JULIA MURPHY 2530 RICHFIELD LA CHESAPEAKE BEACH, MD 20732	SECRETARY 0.00	0.	0.	0.
RANDALL COOPER 7900 TWILIGHT CT OWINGS, MD 20736	TREASURER 0.00	0.	0.	0.
MARVIN ROBINSON 12611 SHOLTON ST UPPER MARLBORO, MD 20774	0.00	0.	0.	0.
JAMES SALLEY 7869 KINGS ARM CT PASADENA, MD 21122	0.00	0.	0.	0.
MYRON MATHIS 4400 WOODGATE WAY BOWIE, MD 20720	0.00	0.	0.	0.
MARIO ELLIS 10 APPLE DOWRE CT GERMANTOWN, MD 20876	0.00	0.	0.	0.
JEFFREY MURPHY 2530 RICHFIELD LA CHESAPEAKE BEACH, MD 20732	0.00	0.	0.	0.
SONJA MCGRIFF 6714 HALLECK ST DISTRICT HEIGHTS, MD 20747	0.00	0.	0.	0.

HERALD HENDERSON				
1640 QUIMBY AVE	0.00	0.	0.	0.
BELTSVILLE, MD 20705				
JAMES THANABOUTH				
1444 QUILLEN CIRCLE	0.00	0.	0.	0.
WALDORF, MD 20602				
TOTALS INCLUDED ON FORM 990, PART V-A		11,800.	0.	0.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>DEPUTY SHERIFF'S ASSOCIATION, FOP- PRINCE GEORGES CO. SHERIFF'S LODGE #112</b>	Employer identification number <b>52-1878364</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 686</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>UPPER MARLBORO, MD 20773</b>	

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

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **▶ ROBERT CEASE**  
 Telephone No. **▶ (240) 455-2760**      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 is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2009**.
- 5 For calendar year **\_\_\_\_\_**, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return    ☐ Final return    ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO OBTAIN THIRD-PARTY INFORMATION.**

<b>8a</b> 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.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. 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.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** *Robert Cease*      Title **▶** *President*      Date **▶** *11-16-09*

Form **8868** (Rev. 4-2008)