See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01/01 **, 2008, and ending** 12/31 **, 20** 08

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: JACQUELYN BOGUE FOUNDATION

Number and street (or P O box, if mail is not delivered to street address) / Room/suite: 18245 PETERS COURT

City or town, state or country, and ZIP + 4: FOUNTAIN VALLEY, CA 92708-5873

D Employer identification number 83 0408666

E Telephone number (714) 964 4886

F Group Exemption Number . . ▶

- ***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) ▶

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

I Website: ▶ WWW.JBOGUEFOUNDATION.COM

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 ▶ $ 143,702

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	3,951
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	0
	4	Investment income		4	38,479
	5a	Gross amount from sale of assets other than inventory	5a 101,272		
	b	Less: cost or other basis and sales expenses	5b 106,644		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	-95,372
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 0		
	b	Less: direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ none)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	-52,942
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	0
	13	Professional fees and other payments to independent contractors		13	0
	14	Occupancy, rent, utilities, and maintenance		14	0
	15	Printing, publications, postage, and shipping		15	0
	16	Other expenses (describe ▶ SEE ATTACHED STATEMENT)		16	9,763
	17	**Total expenses.** Add lines 10 through 16 ▶		17	9,763
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-62,705
	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	716,037
	20	Other changes in net assets or fund balances (attach explanation)		20	-109,512
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	543,820

RECEIVED
DEC 07 2010
OGDEN, UT
IRS-OSC

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	716,037	22	543,820
23	Land and buildings	0	23	0
24	Other assets (describe ▶ none)	0	24	0
25	**Total assets**	716,037	25	543,820
26	**Total liabilities** (describe ▶ none)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	716,037	27	543,810

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

Cat No 10642I Form **990-EZ** (2008)

SCANNED JAN 04 2011

3

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

What is the organization's primary exempt purpose? **To reduce the rate of suicide in OC, CA See State. 7**

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

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28 **To further our mission, a primary goal is to promote awareness that suicide is a public health issue that is preventable. Our WEBSITE provides a knowledge based presence, promotes education and is a referral source for those in need. Annually OC has about 260 suicides & 2700 attempted suicides.** (Grants $ **See Statement 8**) If this amount includes foreign grants, check here ▶ ☐	28a	866
29 **Another primary goal is to support survivors of suicide loss which includes 6 - 10 family members, friends and community members in OC, totaling approximately 2000 individuals impacted per year. Fund TEEN SUICIDE EDUCTATION PROGRAMs at schools to students + survivors of suicide loss.** (Grants $ **See Statement 9**) If this amount includes foreign grants, check here ▶ ☐	29a	100
30 **Another primary goal is to support our local suicide intervention initiatives including, OC HOT LINE and funding IN-SERVICE CRISIS TRAINING for Dial for Free 211 OC Info and Referral Call Handlers who take approximately 127,000 calls for information annually, many who are suicidal or in crisis.** (Grants $ **See Statement 10**) If this amount includes foreign grants, check here ▶ ☐	30a	0
31 Other program services (attach schedule) (Grants $ **See Statement 11**) If this amount includes foreign grants, check here ▶ ☐	31a	
32 **Total program service expenses** (add lines 28a through 31a) ▶	32	986

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(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 & deferred compensation	(e) Expense account and other allowances
LINDA S BORDERS LCSW MFT 18245 PETERS COURT FV CA 92708	VOLUNTEER CEO hr/wk >20	0	0	0
LINDA S BORDERS LCSW MFT 18245 PETERS COURT FV CA 92708	BOARD PRESIDENT hr/wk >5	0	0	0
JERI LIVINGSTONE 9658 WESTMINSTER AVEUE, 23 GG, CA 92844	ADVISORY BOARD hr/wk (as needed)	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			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	33		✓
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	34		✓
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			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 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	40b		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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.	40e		✓
41	List the states with which a copy of this return is filed. ▶ _____			
42a	The books are in care of ▶ LINDA S BORDERS Telephone no. ▶ (714) 964-4886			
	Located at ▶ 18245 PETERS COURT, FOUNTAIN VALLEY, CA 92708 ZIP + 4 ▶ 92708+5873			
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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of 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: ▶ _____	42c		✓
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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	45		✓

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

			Yes	No
46	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.	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		X

50 Complete this table for the 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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

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

▶ Linda S. Borders, LCSW, MFT — Signature of officer — Date 11·17·10

▶ Linda S. Borders, LCSW, MFT, Board Director & Volunteer CEO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CM PALMER	Date 11/17/2010	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions) 546-66-4359
Firm's name (or yours if self-employed), address, and ZIP +4 ▶ BID Systems, Inc 3500 E. Coast Hwy # 10, Corona Del Mar, CA 92625		EIN ▶ 20-3088963 Phone no ▶ (949) 675-2337	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☑ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
JACQUELYN BOGUE FOUNDATION	83 0408666

Part I **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ----------

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☑ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		✓
(ii) A family member of a person described in (i) above?	11g(ii)		✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		✓

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
N/A									
Total									N/A

Part II **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 any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3						
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)						
6 **Public support.** Subtract line 5 from line 4.						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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** ▶ ☑

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 from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 %

16a **33⅓ % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓ % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . ▶ ☐

b **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 . . . . ▶ ☐

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 ▶ ☐

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 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 any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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, and 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 year 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 **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

N/A

JACQUELYN BOGUE FOUNDATION
EIN: 83-0408666
2008 FORM 990 EZ

INDEX OF ATTACHED STATEMENTS

STATEMENT 1	HEADER B - AMENDED RETURN
STATEMENT 2	PART 1 - LINE 1, CONTRIBUTIONS
STATEMENT 3	PART 1- LINE 4, INVESTMENT INCOME
STATEMENT 4	PART 1 - LINE 5, GAIN/LOSS FROM SALE OF ASSETS
STATEMENT 5	PART 1 - LINE 16, OTHER EXPENSES
STATEMENT 6	PART 1 - LINE 20, OTHER CHANGES IN NET ASSETS
STATEMENT 7	PART III - THE JBFMISSION STATEMENT
STATEMENT 8	PART III - LINE 28, PROGRAM
STATEMENT 9	PART III - LINE 29, PROGRAM
STATEMENT 10	PART III - LINE 30, PROGRAM
STATEMENT 11	PART III - LINE 31, PROGRAM

STATEMENT 1
FORM 990 EZ, HEADER, LINE B
AMENDED RETURN

THIS IS AN AMENDED RETURN BECAUSE THE 990 N 2008 WAS INADVERTENTLY FILED IN ERROR. THERE ARE NO CHANGES FROM THE INITIAL FILING, ONLY NEW DATA AND INFORMATION HAS BEEN ADDED IN THE 990 EZ 2008, AS WELL AS A SCHEDULE A. PLEASE ABATE ANY FILING PENALITIES AS THE 990 N WAS TIMELY FILED.

STATEMENT 2
FORM 990 EZ, PART 1, LINE 1
CONTRIBUTIONS

1.) CONTRIBUTIONS	$ 1,000.00
2.) NON CASH CONTRIBUTIONS	2,951.00
3.) TOTAL	$ 3,951.00

STATEMENT 3
FORM 990 EZ, PART 1, LINE 4
INVESTMENT INCOME

INVESTMENT INCOME	$38,479

STATEMENT 4
FORM 990 EZ, PART 1, LINE 5
GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

SEE LEDGER ATTACHED AT END OF FEDERAL STATEMENTS)

STATEMENT 5
FORM 990 EZ PART 1, LINE 16
OTHER EXPENSES

DESCRIPTION	AMOUNT
PO BOX RENTAL	123.00
TAXES	10.00
POSTAGE	12.00
PROGRAM EXPENSE	986.00
INVESTMENT EXPENSES	8,632.00
TOTAL	9,763.00

STATEMENT 6
FORM 990 EZ PART 1, LINE 20
UNREALIZED LOSSES

DESCRIPTION	AMOUNT
UNREALIZED LOSS/GAIN	109,512.00
TOTAL	- 109,512.00

STATEMENT 7
FORM 990 EZ , PART III
PROGRAM'S PRIMARY EXEMPT PURPOSE

ORGANIZATION'S MISSION STATEMENT AND HISTORY

THE MISSION OF THE JACQUELYN BOGUE FOUNDATION IS TO REDUCE SUICIDE AND ITS AFTERMATH THROUGHOUT THE LIFESPAN OF CITIZENS IN ORANGE COUNTY, CALIFORNIA. TO ACCOMPLISH OUR MISSION WE FOCUS ON BUILDING PUBLIC AWARENESS AND EDUCATION THAT SUICIDE IS A PUBLIC HEALTH ISSUE THAT CAN BE PREVENTED; WE SUPPORT LOCAL SUICIDAL CRISIS INTERVENTION HOTLINES AND PROGRAMS; AND, WE SUPPORT SURVIVORS OF A LOVED ONE'S SUICIDE, THOSE LEFT BEHIND AFTER THEIR TRAGIC LOSS. IN THIS EFFORT WE WILL PARTNER WITH, SHAPE AND SUPPORT ORANGE COUNTY ACTIVITIES, PROGRAMS AND ORGANIZATIONS THAT WORK TOWARD OUR MISSION, GOALS AND OBJECTIVES. ALSO, IN THIS COLLABORATIVE ENDEAVOR, WE WILL BE GUIDED BY OUR OWN PRINCIPLES, BY THE CALIFORNIA STRATEGY CREATED BY SPAN-CALIFORNIA IN 2004, AND BY THE NATIONAL STRATEGY FOR SUICIDE PREVENTION CREATED IN 2001

OUR VISION: THE JB FOUNDATION ENVISIONS AN INFORMED COMMUNITY WHERE SUICIDE IS CONSIDERED A PUBLIC HEALTH ISSUE; WHERE IT IS KNOWN THAT SUICIDE IS CAUSED BY CONDITIONS THAT ARE TREATABLE AND, THEREFORE, PREVENTABLE; WHERE COMMUNITY MEMBERS WHO HAVE LOST A LOVED ONE TO SUICIDE ARE SUPPORTED; AND WHERE INCREASED AWARENESS OF THE PROBLEM OF SUICIDE LEADS COMMUNITY PARTNERSHIPS AND ACTIONS THAT WILL REDUCE THE RATE of SUICIDE AND ITS TRAGIC AFTERMATH IN OUR COMMUNITY.

SCIENTIFIC EXPERTS TELL US THAT SUICIDE IS A PUBLIC HEALTH ISSUE THAT IS TREATABLE AND PREVENTABLE. WHEN VIEWED LIKE THIS, WE CAN GET DISTANCE FROM THE BEHAVIORAL COMPLEXITY OF SUICIDE AND START UNDERSTANDING HOW WE CAN WORK TOGETHER AS A COMMUNITY TOWARD OUR SHARED GOALS. THE FOUNDATION IS CONSTANTLY SEEKING AND RESEARCHING WORTHY AND POTENTIAL GRANTEES. A LIST OF THESE CAN BE VIEWED BY CONTACTING US AT OUR WEBSITE.WE ARE OPEN TO SUGGESTIONS OF ACTIVITIES, PROGRAMS AND ORGANIZATIONS THAT SUPPORT OUR STATED MISSION, VISION, GOALS AND OBJECTIVES.

HISTORICALLY, THE JACQUELYN BOGUE FOUNDATION WAS CREATED BY YOLANDA BOGUE IN HONOR OF HER DAUGHTER JACQUELYN WHO DIED BY SUICIDE AT THE AGE OF 30. BEFORE HER OWN DEATH, YOLANDA MADE CLEAR HER RESOLVE TO ASSURE JACQUELYN'S DEATH BE NOT IN VAIN, BUT RATHER TURNED INTO A POSITIVE FORCE THAT BENEFITS OTHERS GOING THROUGH SIMILAR STRUGGLES. AT HER BEHEST, THE JACQUELYN BOGUE FOUNDATION WAS FOUNDED. IT WAS VERY IMPORTANT TO YOLANDA BOGUE THAT THE FOUNDATION FUNDS STAY IN, AND SUPPORT, ORANGE COUNTY, CALIFORNIA AND ITS RESIDENTS DEALING WITH ISSUES RELATED TO SUICIDE.

STATEMENT 8
FORM 990 EZ 2008, PART III, LINE 28
PROGRAM SERVICE ACCOMPLISHMENT - CREATE AND MAINTAIN WEB SITE
GOAL – PREVENTION, EDUCATION WITH INFORMATION TECHNOLOGY

IT IS ESTIMATED THAT ANNUALLY ORANGE COUNTY HAS APPROXIMATELY 260 SUICIDES AND 2,700 ATTEMPTED SUICIDES. THIS DEVASTATING LOSS OF LIFE ADVERSELY IMPACTS AT LEAST 6 TO 10 OC RESIDENTS, CREATING FROM 1,336 TO 2,600 SURVIVORS OF A LOVED ONE'S SUICIDE PER YEAR. SUICIDE HISTORICALLY IS A STIGMATIZED LOSS OF LIFE THAT CREATES ISOLATION AND LACK OF SUPPORT AND ALL SUICIDE SURVIVORS NEED RECOGNITION AND KNOWLEDGMENT THEY ARE NOT ALONE IF THEY ARE TO RECOVER TO A "NEW NORMAL." TO FURTHER THIS GOAL, OUR WEBSITE PROVIDES A KNOWLEDGE BASED PRESENCE IN OC THAT PROMOTES SUICIDE PREVENTION EDUCATION, GIVES SUPPORT TO SURVIVORS AND IS A REFERRAL SOURCE FOR THOSE IN NEED. IT BRINGS PUBLIC HEALTH INFORMATION TO A BROADER AUDIENCE (OF SURVIVORS AND ATTEMPTERS) BECAUSE IT CAN BE ACCESSED FROM ANYWHERE, HOME, WORK, SCHOOL, LIBRARIES AND COMMUNITY CENTERS. INCLUDED ON THE WEBSITE ARE RELEVANT LINKS & RESOURCES TO INCLUDE THE NATIONAL SUICIDE HOTLINE NUMBER (1 800 SUICIDE) FOR THOSE IN NEED TO CALL, OR THOSE SEEKING INFORMATION ON HOW TO HELP. OUR LONG RANG GOALS INCLUDE PROVIDING INTERNET INTERACTIVE DIALOGUE AND EXCHANGE OF ACCURATE INFORMATION, AS WELL AS A PLACE FOR SURVIVORS TO SHARE THEIR PERSONAL STORIES. WE ALSO SUPPORT THE DEVELOPMENT OF OTHER SOCIAL MEDIA TO INCREASED AWARENESS, EDUCATION AND INTERACTIVE INTERVENTIONS.

STATEMENT 9, PART III, LINE 29
PROGRAM SERVICE ACCOMPLISHMENT - FUNDING SUICIDE EDUCATION PROGRAMS
GOAL – POST VENTION AND PREVENTION, SUPPORT SURVIVORS OF SUICIDE LOSS

THE JBF FOUNDATION COLLABORATED WITH PAL, AN OC DEPARTMENT OF EDUCATION "STUDENTS HELPING STUDENTS" PROGRAM, TO PROVIDE A YELLOW RIBBON SPEAKER OUTREACH PRESENTATION TO CORONA DEL MAR HIGH, A SCHOOL WHO LOST A FELLOW STUDENT TO DEPRESSION AND SUICIDE. THE PRESENTATION TAUGHT STUDENTS, STAFF AND TEACHERS THE WARNING SIGNS OF SUICIDE AND WHAT TO DO WHEN SOMEONE THEY KNOW IS SUICIDAL. IT ALSO PROVIDED INFORMATION ON HOW TO GET HELP FOR SELF OR OTHERS IN NEED. A GOAL OF THE JBF IS TO SUPPORT THE DEVELOPMENT & IMPLEMENTATION OF PUBIC AND PRIVATE SCHOOL GATEKEEPER TRAINING IN ADDITION TO CRITIAL DEBRIEFING SERVICES AFTER A TRAGIC LOSS OF SUICIDE. THIS INCLUDES EVIDENCE BASED SUICIDE PREVENTION PROGRAMS FOR STAFF, STUDENTS & PARENTS DEALING WITH DEPRESSION AND SUICIDE EDUCATION. IT IS BELIEVED THAT BY INCREASING THE PROPORTION OF SUCH PROGRAMS IN OUR LOCAL SCHOOLS WE WOULD HAVE A BETTER CHANCE OF REACHING A SCHOOL BEFORE THE TRAGIC LOSS OF A FELLOW STUDENT TO SUICIDE. TOO OFTEN PROGRAMS ARE NOT PRESENTED UNTIL AFTER THE FACT. OUR LONG RANGE GOAL IS TO SUPPORT PROGRAMS LIKE" PAL-PEER ASSISTANCE LEADERSHIP, HELPING PEERS LEADERS TO HELP OTHERS", A STUDENT LEAD PROGRAM THAT OFTEN SUPPORTS SUICIDE PREVENTION EDUCATION IN THE MANY OC DISTRICT SCHOOLS.

STATEMENT 10
FORM 990 EZ 2008, PART III, LINE 30
PROGRAM SERVICE ACCOMPLISHMENTS
GOAL – INTERVENTION, SUPPORT HOLINE IN OC

THE BOGUE FOUNDATION IS AWARE THAT APPROXIMATELY 300 TO 400 CRISIS AND SUICIDAL CALLS EVERY MONTH MUST BE ROUTED OUT OF THE OC AREA BECAUSE WE DO NOT HAVE OUR OWN OC DEDICATED SUICIDE CRISIS HOTLINE. THEREFORE, WE SUPPORT A LOCAL ORANGE COUNTY 24/7 HOTLINE THAT PROVIDES ONE STOP CALLING FOR OUR RESIDENTS, ALLOWING FOR REFERRALS TO LOCAL RECOURSES, FROM LOCAL DATA BASES AND LOCAL COORDINATION OF EMERGENCY SERVICES WHEN NECESSARY. WE ARE IN COLLABORATION WITH 2-1-1- ORANGE COUNTY INFORMATION AND REFERRAL SERVICES TO ACHIEVE THIS GOAL. WE SUPPORT 2-1-1 OC IN HOUSING AND RUNNING THE HOTLINE SERVICES, WE WILL FUND THE CRISIS HOTLINE TRAINING APPROVED BY THE AMERICAN ASSOCIATION OF SUICIDOLOGY. THE LONG RANGE OBJECTIVE IS FOR US TO HAVE OUR OWN HOTLINE, UNTIL THEN, WE SUPPORT FUNDING CRISIS AND SUICIDE TRAINING FOR 2-1-1 OC CALL HANDLERS, WHO TAKE APPROXIMATELY 127,000 CALLS A YEAR, MANY OF WHOM ARE SUICIDAL. 2-1-1 OC HAS THE WILL TO BECOME OUR DEDICATED HOTLINE, THE STATE OF THE ART TECHNOLOGY TO HANDLE THE CALLS, AS WELL AS THE OTHER RESOURCES NECESSARY TO PROVIDE THIS MOST NEEDED SERVICE..

STATEMENT 11
PART III, LINE 31,
OTHER PROGRAM ACTIVITIES AND FUTURE PLANNING

THE FIRST FULL YEAR OF THE FOUNDATION'S EFFORTS INCLUDED SEEKING OUT AND VETTING ACTIVITIES, PROGRAMS AND ORGANIZATIONS THAT ARE WORKING TOWARD OUR MISSION TO REDUCE SUICIDE IN OC. OUR RESEARCH HAS REVEALED AT LEAST 10 TO 15 POTENTIAL AND WORTHY GRANTEES SO FAR. WHEN THERE ARE NO ONGOING ACTIVITIES, PROGRAMS OR ORGANIZATIONS TO SUPPORT, OUR CRITERIA FOR FUNDING WILL INCLUDE BUILDING CAPACITY FOR SUICIDE PREVENTION. HOW TO APPLY FOR A GRANT CAN BE FOUND ON OUR WEBSITE WWW.JBOGUEFOUNDATION.COM. THROUGH OUT THE YEAR WE WERE CONTACTED BY SCHOOLS; CALIFORNIA CHAMBER OF COMMERCE (RE SUICIDE IN THE WORK PLACE ARTICLE); STUDENTS DOING RESEARCH PROJECTS ON SUICIDE; POLICE SWAT TEAMS; POLICE CHAPLAINS AND MORE, INQUIRING ABOUT SUICIDE PREVENTION EDUCATION AND PRESENTATIONS. WE WERE OFTEN CALLED BY NEWSPAPER REPORTERS WHO WERE WORKING ON A DEADLINE TO COVER A RECENT AND LOCAL SUICIDE. WE VIEWED THESE INQUIRES AS OPPORTUNITIES TO PROMOTE OUR PUBLIC HEALTH MESSAGE THAT SUICIDE IS PREVENTABLE. KNOWING THE MEDIA CAN PLAY A POWERFUL ROLE IN PROMOTING PUBLIC AWARENESS AND EDUCATION. WHEN WORKING WITH THEM, OUR STANDARD OF PRACTICE, IN EXCHANGE FOR EXPERTISE, IS TO NEGOTIATE A SIDE BAR IN THE STORY THAT GIVES ACCURATE INFORMATION ON SUICIDE, INCLUDING WARNING SIGNS AND TELLS THE GENERAL PUBLIC WHERE THEY MAY OBTAIN INFORMATION AND HELP, INCLUDING THE NATIONAL SUICIDE CRISIS HOTLINE NUMBER 1-800-SUICIDE. WE OFTEN WOULD TAKE CALLS FROM PERSONS WHO ARE SUICIDAL, OR SURVIVORS OF SUICIDE LOSS, AND WORK WITH THEM UNTIL THEY GET THE HELP THEY NEED.

STATEMENT 11 - CONTINUED
PART III, LINE 31, OTHER PROGRAM ACTIVITIES AND PLANNING

FUNDING BY THE JACQUELYN BOGUE FOUNDATION IS AVAILABLE TO SUPPORT ACTIVITIES, PROGRAMS AND ORGANIZATIONS THAT WORK TOWARD OUR SAME MISSION, VISION, GOALS AND OBJECTIVES. IN THAT EFFORT, WE ARE LOOKING TO FUND THOSE IN ORANGE COUNTY, CA WORKING TOWARD ONE OR MORE, BUT NOT EXCLUSIVELY, SOME OF THE FOLLOWING GOALS:

- REDUCING TEEN SUICIDE
- REDUCING SUICIDE ACROSS THE LIFESPAN
- REDUCE SUICIDE AMONG THE AGING POPULATION
- REDUCING PRE-TEEN AND TEEN SELF-DESTRUCTIVE, SELF-INJURIOUS AND SUICIDAL BEHAVIORS
- PROVIDING EDUCATION AND PUBLIC AWARENESS TO ADMINISTRATORS, TEACHERS, PARENTS AND STUDENTS ABOUT SUICIDE BEING A TREATABLE AND PREVENTABLE PUBLIC HEALTH ISSUE
- REDUCE BULLYING AND SUCICIDE AMONG THE LGBT COMMUNITY
- ENCOURAGING THE CREATION OF COMPETENT SCHOOL COMMUNITIES WHERE ALL MEMBERS ARE CONCERNED AND LOOKING OUT FOR THE WELFARE OF OTHERS
- PROVIDING ACCESS FOR SCHOOL COMMUNITIES TO GET HELP WHEN HELP IS NEEDED BY THE STUDENTS AND THEIR FAMILIES
- PROVIDING MODELING AND AFFIRMATION IN REGARDS TO THE NEED FOR YOUTH SUICIDE PREVENTION AND AIDING IN IDENTIFYING RESOURCES FOR MEETING THOSE NEEDS. ADDRESSING THE BENEFIT OF DEPRESSION AWARENESS AND SUICIDE PREVENTION TRAINING, THEREBY CREATING A SENSITIVITY THROUGHOUT THE ENTIRE SCHOOL COMMUNITY
- AND MANY MORE

ALL INQUIRES OF WORTHY POTENTIAL GRANTEES ARE WELCOMED. FOR MORE INFORMATION, PLEASE GO TO WWW.JBOGUEFOUNDATION.COM.

Jacquelyn Bogue Foundation Statement #4 83-0408666

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

TYE 2008

Totals	Gross sales	Cost, other basis and expenses
Public Securities	101,272	196,644
Non-Public Securities	0	0
Other sales	0	0

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only) Cost	Donated value	Expense of sale and cost of improvements	Depreciation	Description of Basis Method
1	Columbia Marisco	X		X	LPL	12/14/2007	purchase	12/30/2008	30,857	50,231				
2	DWS Dreman	X		X	LPL	6/26/2007	purchase	12/30/2008	21,789	46,040				
3	DWS Rreef	X		X	LPL	9/25/2007	purchase	12/30/2008	8,098	18,098				
4	Eaton Vance Mutual funds	X		X	LPL	5/21/2007	purchase	12/30/2008	27,190	52,939				
5	John Hancock Hi Yield	X		X	LPL	7/10/2007	purchase	12/30/2008	12,711	28,708				
6	Return of Capital	X		X	LPL	1/1/2008	purchase	12/31/2008	627	628				
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														