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Short Form
Return of Organization Exempt From Income Tax

2009

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 \$500,000 and total assets less than \$1,250,000 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable	C STANISLAUS COUNTY SHERIFF'S EMPLOYEES FOUNDATION PO BOX 536 MODESTO, CA 95353-0536	D Employer identification number 23-7076148
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<input type="checkbox"/> Please use IRS label or print or type See Specific Instructions	E Telephone number
		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) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c) (4) (insert no) 4947(a)(1) or 527K 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 48,162.

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1 200.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 43,752.
	4 Investment income	4 788.
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a 2,604.
	a Gross revenue (not including \$ 200. of contributions reported on line 1)	6b 22,149.
	b Less, direct expenses other than fundraising expenses	6c -19,545.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a 818.	
7a Gross sales of inventory, less returns and allowances	7b 2,925.	
b Less cost of goods sold	7c -2,107.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe ► RECEIVED)	9 23,088.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	
10 Grants and similar amounts paid (attach Schedule G)	11 4,750.	
11 Benefits paid to or for members	12	
12 Salaries, other compensation, and employee benefits	13 660.	
13 Professional fees and other payments to independent contractors	14	
14 Occupancy, rent, utilities, and maintenance	15	
15 Printing, publications, postage, and shipping	16 10,180.	
16 Other expenses (describe ► SEE STATEMENT 1)	17 15,590.	
17 Total expenses. Add lines 10 through 16	18 7,498.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19 34,642.	
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)	20	
20 Other changes in net assets or fund balances (attach explanation)	21 42,140.	
21 Net assets or fund balances at end of year Combine lines 18 through 20		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	34,642.	22 42,140.
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	34,642.	25 42,140.
26 Total liabilities (describe ►)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,642.	27 42,140.

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

Form 990-EZ (2009)

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

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

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	PROVIDE MONETARY ASSISTANCE TO THE FAMILIES OF DEPUTIES AT TIMES OF LOSS DUE TO DEATH AND PROVIDE RECOGNITION OF SERVICE UPON DEPUTY'S RETIREMENT.	<input type="checkbox"/>	28a	4,750.
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
29	RECOGNITION OF EXCELLENCE OF SERVICE BY ACTIVE DUTY STANISLAUS COUNTY DEPUTY SHERIFFS AND RECOGNITION OF MERITORIOUS ACHIEVEMENTS BY SAME.	<input type="checkbox"/>	29a	
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>		
30	SEE STATEMENT 3	<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	
31	Other program services (attach schedule)	<input type="checkbox"/>		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32	4,750.

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
SHERYLL BIONDILILLO	PRESIDENT	0.	0.	0.
C/O 1100 "I" STREET		0		
MODESTO, CA 95354				
BROOKE STEVENS	VICE PRESIDENT	0.	0.	0.
C/O 1100 "I" STREET		0		
MODESTO, CA 95354				
MELISSA ESPINOLA	TREASURER	0.	0.	0.
C/O 1100 "I" STREET		0		
MODESTO, CA 95354				
NICOLE COSSEN	SECRETARY	0.	0.	0.
C/O 1100 "I" STREET		0		
MODESTO, CA 95354				

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 Yes No

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 why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a Yes No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 35b Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Yes No

b Did the organization file **Form 1120-POL** for this year? 37b Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a Yes No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations Enter 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

b Gross receipts, included on line 9, for public use of club facilities 39c Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. 40a Yes No

section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A 40b Yes No

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40c Yes No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e Yes No

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 40f Yes No

41 List the states with which a copy of this return is filed ► NONE 41 Yes No

42a The organization's books are in care of ► FOUNDATION TREASURER Located at ► CONTACT THROUGH MAILING ADDRESS 42a Yes No

Telephone no ►

ZIP + 4 ►

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 Yes No

If 'Yes,' enter the name of the foreign country. ► 42c Yes No

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.? 42d Yes No

If 'Yes,' enter the name of the foreign country. ► 42e Yes No

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 Yes No

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 Yes No

Part V: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

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

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

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

(a) Name and 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 and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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

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] *1280ct10*
 Signature of officer Date
Brooke Stevens, Vice President
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► VICKI MCKNIGHT <i>Vicki Mcknight</i>	Date 9/01/10	Check if self employed ► <input checked="" type="checkbox"/> N/A	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self employed), address, and ZIP + 4 ► BOSS DELLER & COMPANY 1218 11TH STREET MODESTO, CA 95354		EIN ► N/A	Phone no ► (209) 577-2547

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

BAA

► **Yes** **No**

Form 990-EZ (2009)

2009**FEDERAL STATEMENTS**
STANISLAUS COUNTY SHERIFF'S EMPLOYEES
FOUNDATION**PAGE 1****CLIENT 8172****23-7076148**

9/01/10

12 33PM

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK CHARGES	\$	10.
DONATIONS LOCAL LAW ENFORC.		915.
DONATIONS LOCAL YOUTH ORG'S		3,000.
FILING FEES		130.
INCOME TAXES		50.
MEMBER ACTIVITIES		2,005.
MEMBER FLOWERS		2,500.
MISC		561.
STORAGE		600.
SUPPLIES/MISCELLANEOUS		409.
	TOTAL \$	<u>10,180.</u>

STATEMENT 2
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE MONETARY ASSISTANCE TO THE FAMILIES OF DEPUTIES AT TIMES OF LOSS DUE TO DEATH AND PROVIDE RECOGNITION OF SERVICE UPON DEPUTY'S RETIREMENT.

STATEMENT 3
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SUPPORT OTHER NON-PROFIT ORGANIZATION THROUGH DONATIONS SUCH AS THE FOLLOWOING:
LOCAL AND NATIONAL ORGANIZATIONS FOR CHILDREN \$3,000
OTHERS 915

TOTAL DONATIONS \$3,915

**Application for Extension of Time To File an
Exempt Organization Return**

► 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
- 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	Name of Exempt Organization STANISLAUS COUNTY SHERIFF'S EMPLOYEES FOUNDATION	Employer identification number 23-7076148
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions PO BOX 536	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MODESTO, CA 95353-0536	

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 ► FOUNDATION TREASURER

Telephone No ► _____ 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 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► calendar year 20 09 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.

Form 8868 (Rev. 4-2009)

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

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)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization STANISLAUS COUNTY SHERIFF'S EMPLOYEES FOUNDATION	Employer identification number 23-7076148
	Number, street, and room or suite number. If a P O box, see instructions BOSS DELLER & COMPANY 1218 11TH STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MODESTO, CA 95354	

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

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

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 care of ► **FOUNDATION TREASURER** -----
Telephone No ► ----- 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 11/15, 20 10.
 5 For calendar year 2009, or other tax year beginning -----, 20 -----, and ending -----, 20 -----
 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 TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a 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	8a \$
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	8b \$
c Balance Due. 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 instrs	8c \$

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 ►

Title ►

Date ►

BAA

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)