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Short Form Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue ServiceUnder 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
InspectionA For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

C Name of organization
GREENVILLE SHERIFF'S FOUNDATION

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

4 MCGEE ST

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

GREENVILLE, SC 29601

D Employer identification number
57-0785120

E Telephone number

(864) 467-5280F 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).

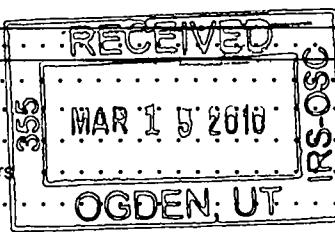
G Accounting Method Cash Accrual
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) - 501(c) (9) ► (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 returnL 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 ► **\$ 10,789**

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	10,785
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	
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"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
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 ► STM141)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	10,789
10 Grants and similar amounts paid (attach schedule)	10	
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	13,143
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ►	16	
17 Total expenses. Add lines 10 through 16	17	13,143
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(2,354)
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	4,720
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	2,366



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	4,720	2,366
23 Land and buildings		23
24 Other assets (describe ► STM131)		24
25 Total assets	4,720	2,366
26 Total liabilities (describe ►		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,720	2,366

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

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2009

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

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

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

b If "Yes," was the related organization a section 527 organization? 49b

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"

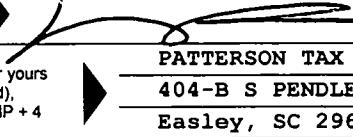
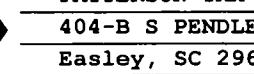
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 ►

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			
		Date		
	Signature of officer	54321, DIRECTOR	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature 	Date 03-09-2010	Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/> X	Preparer's Identifying No (See inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	PATTERSON TAX SERVICE OF SC LLC 404-B S PENDLETON ST Easley, SC 29640	EIN 	
			Phone no 	864-859-8289

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

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Overflow Statement

2009
Page 1

Name(s) as shown on return

GREENVILLE SHERIFF'S FOUNDATION

FEIN

57-0785120

TOTAL RECEIPTS

Description	Amount
MAIN	\$ 9,744
EXPLORER	1,040
JUVENILE	1
Total:	\$ 10,785