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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 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	<u>See Statement 5</u>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29	<u>See Statement 5</u>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30	<u>See Statement 5</u>	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule)	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	32

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
RON WOODSON 7664 20TH AVE. LEMOORE, CA 93245	President 2.00	0.	0.	0.
DOUG DUSTON 11950 DOVER HANFORD, CA 93230	Vice President 1.00	0.	0.	0.
LARRY WILKINSON 11806 HOUSTON HANFORD, CA 93230	Secretary 2.00	0.	0.	0.
JOHN F. HATTESEN 20131 22ND AVE STRATFORD, CA 93266	Treasurer 2.00	0.	0.	0.
ANTHONY AZEVEDO 6748 10TH AVE HANFORD, CA 93230	Chairman 1.00	0.	0.	0.
PIERRE BASCHOC 5260 11TH AVE HANFORD, CA 93230	Director 1.00	0.	0.	0.
GREG SANCHEZ 11801 12TH AVE HANFORD, CA 93230	Director 1.00	0.	0.	0.
JOHNNY FAGUNDES 8707 HIGHWAY 43 HANFORD, CA 93230	Director 1.00	0.	0.	0.
DAVID DESILVA 11701 FLINT AVE. HANFORD, CA 93230	PAST PRESIDENT 1.00	0.	0.	0.
CHUCK WYNN 7310 12TH AVE HANFORD, CA 93230	Director 1.00	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining 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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9	39a 0.	
b Gross receipts, included on line 9, for public use of club facilities	39b 0.	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.		
section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
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	40b	
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 ▶	0.	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ JOHN F. HATTESEN Telephone no. ▶ 559-947-3265
 Located at ▶ 20131 22ND AVENUE STRATFORD CA ZIP + 4 ▶ 93266

	Yes	No
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____		X

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

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

Part 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.

	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		
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?		
49b 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.

Sign Here
 Signature of officer: *John F. Hatteesen* Date: 5-17-10
 JOHN F. HATTESEN Treasurer
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *R. Robert Neuman* Date: 5/13/10
 R. ROBERT NEUMAN
 Firm's name (or yours if self-employed), address, and ZIP + 4: Adair & Evans, An Accountancy Corporation
 111 E. Kern
 Tulare, CA 93274
 Check if self-employed: Preparer's Identifying Number (See instructions): N/A
 EIN: N/A
 Phone no: (559) 582-0365

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

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

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CRAB FEED (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1	Gross receipts	38,018.		38,018.
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	38,018.		38,018.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes	2,671.		2,671.
	6	Rent/facility costs			
	7	Food and beverages . . .	15,992.		15,992.
	8	Entertainment	600.		600.
	9	Other direct expenses	3,985.		3,985.
	10	Direct expense summary. Add lines 4- through 9 in column (d)			
11	Net income summary. Combine lines 3, column (d) and line 10				14,770.

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

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

- 9 Enter the state(s) in which the organization operates gaming activities. _____
- a Is the organization licensed to operate gaming activities in each of these states?
b If 'No,' explain:

- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If 'Yes,' explain:

- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.

- a The organization's facility
- b An outside facility

13a		%
13b		%

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

Name. ▶ _____

Address: ▶ _____

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

15a

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

Name. ▶ _____

Address. ▶ _____

16 Gaming manager information

Name. ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided. ▶ _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

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

Client 2E8648

KINGS COUNTY SHERIFF'S POSSE

90-0342973

5/13/10

01.21PM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

OTHER SALES

Total	\$	739.
	\$	<u>739.</u>

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:
 Donee's Address:

KINGS COUNTY SHERIFF
 1444 W. LACEY BLVD
 HANFORD, CA 93230

Cash Amount Given:

\$ 4,000.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	29.
Awards		471.
Bank Charges		20.
California Franchise Fee		50.
Conferences, Conventions, and Meetings		19,347.
Insurance		5,309.
Membership Fee		25.
Office Expenses		399.
Repairs		51.
Total	\$	<u>25,701.</u>

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

ACTS AS GOODWILL AMBASSADOR ON BEHALF OF THE SHERIFF'S DEPARTMENT. STANDS READY TO ASSIST THE SHERIFF IN EMERGENCY SITUATIONS. PROVIDES FINANCIAL SUPPORT FOR THE SHERIFF'S DEPARTMENT, SPECIFICALLY THE PURCHASE CANINE UNITS.

Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

REPRESENTED THE SHERIFF'S DEPARTMENT AT VARIOUS COMMUNITY EVENTS/PARADES DURING THE YEAR. PROVIDED FINANCIAL SUPPORT TO THE SHERIFF'S DEPARTMENT. STANDS READY TO PROVIDE ASSISTANCE TO THE SHERIFF AT HIS REQUEST.