

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)

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p>C Name of organization</p> <p>INFO LINE OF SAN DIEGO COUNTY</p> <p>Doing Business As 2-1-1 SAN DIEGO</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>P O BOX 881307</p> <p>City or town, state or country, and ZIP + 4</p> <p>SAN DIEGO, CA 92168-1307</p>	<p>D Employer identification number</p> <p>33-1029843</p>
		<p>E Telephone number</p> <p>858-300-1300</p>	<p>G Gross receipts \$ 2,680,308.</p>
		<p>F Name and address of principal officer: JOHN OHANIAN</p> <p>SAME AS C</p>	<p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
		<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	
		<p>J Website: ▶ WWW.211SANDIEGO.ORG</p>	
		<p>K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>	<p>L Year of formation: 2003 M State of legal domicile: CA</p>

Part I Summary

Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: PROVIDE CENTRAL SOURCE FOR COMMUNITY, HEALTH AND DISASTER INFORMATION</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.</p>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of employees (Part V, line 2a)	5	48
	6 Total number of volunteers (estimate if necessary)	6	1200
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	906,144.	1,028,850.
	9 Program service revenue (Part VIII, line 2g)	1,598,550.	1,633,897.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	969.	2,981.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,259.	-10,751.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,499,404.	2,654,977.
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,484,695.	1,444,578.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,848.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	781,364.	929,327.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,266,059.	2,373,905.
	19 Revenue less expenses. Subtract line 18 from line 12	233,345.	281,072.
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	846,614.	1,096,140.
	21 Total liabilities (Part X, line 26)	223,314.	191,768.
	22 Net assets or fund balances. Subtract line 21 from line 20	623,300.	904,372.

Part II Signature Block

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	<p>▶ <input checked="" type="checkbox"/> Signature of officer </p> <p>▶ JOHN OHANIAN, CEO</p> <p>Type or print name and title</p>	<p>▶ <input checked="" type="checkbox"/> Date 4/2/10</p>	
Paid Preparer's Use Only	<p>Preparer's signature ▶ </p> <p>ELSA A. ROMERO</p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4</p> <p>▶ AKT LLP</p> <p>▶ 5946 PRIESTLY DRIVE, SUITE 200</p> <p>▶ CARLSBAD, CA 92008</p>	<p>Date</p> <p>03/22/10</p>	<p>Check if self-employed ▶ <input type="checkbox"/></p> <p>Preparer's identifying number (see instructions)</p> <p>EIN ▶</p> <p>Phone no. ▶ (760) 431-8440</p>

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

INFO LINE OF SAN DIEGO COUNTY

33-1029843

1 Briefly describe the organization's mission:

PROVIDE CENTRAL SOURCE FOR COMMUNITY, HEALTH, AND DISASTER INFORMATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,156,841. including grants of \$) (Revenue \$ 1,633,897.) PROVIDE CENTRAL SOURCE FOR COMMUNITY, HEALTH, AND DISASTER INFORMATION IN THE SAN DIEGO REGION THROUGH OPERATION AND STAFFING OF A 211 TELEPHONE LINE.

4b (Code:) (Expenses \$) (Revenue \$)

4c (Code:) (Expenses \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$) (Revenue \$) Total program service expenses \$ 2,156,841. (Must equal Part IX, Line 25, column (B).)

28	28a	28b	28c	29	30	31	32	33	34	35	36	37
During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
	X	X	X	X	X	X	X	X	X	X	X	X

		1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		1a	15
		b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1b	0
		c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
		2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	48
		b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X
		3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		3a	X
		b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	
		4a 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)?		4a	X
		b If "Yes," enter the name of the foreign country: <input type="checkbox"/>			
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
		5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
		b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
		c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c	
		6a Did the organization solicit any contributions that were not tax deductible?		6a	X
		b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
		7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7a	X
		d If "Yes," indicate the number of Forms 8282 filed during the year		7d	
		e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
		f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
		g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	
		h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	
		8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
		9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?		9a	
		b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
		10 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10a	
		c Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11a	
		b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b	
		12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a	
		c If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	N/A

Section A. Governing Body and Management

		1a		1b			
		Enter the number of voting members of the governing body		Enter the number of voting members that are independent			
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances.		16	16				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? c Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						

Section B. Policies

		12a		12b		12c		13		14		15		16a		16b			
		Does the organization have a written conflict of interest policy? If "No," go to line 13		Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		Does the organization have a written whistleblower policy?		Does the organization have a written document retention and destruction policy?		Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? b Other officers or key employees of the organization?		Describe the process in Schedule O (see instructions)		Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	
Yes	No	X			X		X		X		X		X		X		X		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JOHN OHANIAN - 858-300-1302 P O BOX 881307, SAN DIEGO, CA 92168**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and former key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
DR. CLYDE H. BECK JR CHAIR	1.00	X		X			0.	0.	
HENRY HAIMSOHN IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	
MARY NORVELL SECRETARY	1.00	X		X			0.	0.	
STACEY NAKAHARA TREASURER	1.00	X		X			0.	0.	
HOWARD BROTMAN DIRECTOR	1.00	X					0.	0.	
BRIAN BAKER DIRECTOR	1.00	X					0.	0.	
DENNY BERES DIRECTOR	1.00	X					0.	0.	
JAMES HAY DIRECTOR	1.00	X					0.	0.	
VIRA JOYA DIRECTOR	1.00	X					0.	0.	
JOAN LANDGUTH DIRECTOR	1.00	X					0.	0.	
ELIZABETH MCPHAIL DIRECTOR	1.00	X					0.	0.	
ALYCE SMITH COOPER DIRECTOR	1.00	X					0.	0.	
DIANE STRUM DIRECTOR	1.00	X					0.	0.	
LORY WALLACH DIRECTOR	1.00	X					0.	0.	
YOLE WHITING DIRECTOR	1.00	X					0.	0.	
SCOTT SUCKOW DIRECTOR	1.00	X					0.	0.	
JOHN OHANIAN DIRECTOR	1.00	X					0.	0.	
CEO	45.00			X			132,462.	15,267.	

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	0
1	Name and business address	
	Description of services	
	Compensation	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

Section B. Independent Contractors

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	X	5	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

(A)	(B)	(C)	(D)	(E)	(F)	1b Total	
						0.00	214,147.00
MONA FREELTS COO	45.00	Individual trustee or director institutional trustee Officer Key employee Highest compensated employee Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of compensation from the organization and related organizations	0.00	15,267.00

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	Total revenue	1,028,850.	1,579,279.	1,579,279.	1,579,279.	1,579,279.	1,579,279.
(B)	Related or exempt function revenue						
(C)	Unrelated business revenue						
(D)	Revenue excluded from tax under sections 512, 513, or 514						

1 a	Federated campaigns	100,029.					
1 b	Membership dues						
1 c	Fundraising events	89,420.					
1 d	Related organizations						
1 e	Government grants (contributions)						
1 f	All other contributions, gifts, grants, and similar amounts not included above	839,401.					
1 g	Noncash contributions included in lines 1a-1f	17,314.					
2 a	CONTRACT REVENUE						
2 b	PUBLIC SERVICE INFORMA						
2 c							
2 d							
2 e							
2 f	All other program service revenue						
g	Total. Add lines 2a-2f	1,633,897.					

3	Investment income (including dividends, interest, and other similar amounts)						
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
6 a	Gross Rents						
6 b	Less: rental expenses						
6 c	Rental income or (loss)						
6 d	Net rental income or (loss)						
7 a	Gross amount from sales of						
7 b	Less: cost or other basis						
7 c	Gain or (loss)						
7 d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ 89,420. of contributions reported on line 1c). See Part IV, line 18	13,080.					
8 b	Less: direct expenses	25,331.					
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	1,500.					
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
11 a	Miscellaneous Revenue						
11 b							
11 c							
11 d							
11 e	All other revenue						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	2,654,977.	1,635,397.	1,635,397.	1,635,397.	1,635,397.	1,635,397.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	261,167.	185,437.	54,403.	21,327.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	950,306.	905,620.	25,938.	18,748.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	119,167.	112,435.	3,930.	2,802.
10 Payroll taxes	113,938.	103,057.	7,212.	3,669.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	23,341.	23,341.	684.	396.
13 Office expenses	19,529.	18,449.		
14 Information technology				
15 Royalties				
16 Occupancy	209,035.	197,456.	7,322.	4,257.
17 Travel	22,059.	19,953.	1,397.	709.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,412.	18,754.	3,087.	1,571.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	95,403.	83,001.	8,586.	3,816.
23 Insurance	12,230.	11,553.	428.	249.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONSULTANTS	282,278.	246,229.	26,198.	9,851.
b TELEPHONE	91,388.	86,819.	4,569.	
c REPAIRS AND MAINTENANCE	36,173.	34,322.	1,171.	680.
d WEBSITE	35,219.	35,219.		
e PRINTING	18,850.	17,908.		942.
f All other expenses	60,410.	57,288.	1,291.	1,831.
25 Total functional expenses. Add lines 1 through 24f	2,373,905.	2,156,841.	146,216.	70,848.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>	No
b	Were the organization's financial statements audited by an independent accountant?	2b	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2b	<input checked="" type="checkbox"/>	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2c	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2c	<input checked="" type="checkbox"/>	No
b	If "Yes," did the organization undergo the required audit or audits?	3a		3a	<input checked="" type="checkbox"/>	

Part XI Financial Statements and Reporting		Part X Balance Sheet	
34	Total liabilities and net assets/fund balances	34	846,614.
33	Total net assets or fund balances	33	623,300.
32	Retained earnings, endowment, accumulated income, or other funds	32	
31	Paid-in or capital surplus, or land, building, or equipment fund	31	
30	Capital stock or trust principal, or current funds	30	
complete lines 30 through 34.			
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and <input type="checkbox"/>			
29	Permanently restricted net assets	29	
28	Temporarily restricted net assets	28	126,287.
27	Unrestricted net assets	27	497,013.
lines 27 through 29, and lines 33 and 34.			
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete			
26	Total liabilities. Add lines 17 through 25	26	223,314.
25	Other liabilities. Complete Part X of Schedule D	25	
24	Unsecured notes and loans payable	24	
23	Secured mortgages and notes payable to unrelated third parties	23	
22	of Schedule L	22	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	22	
21	Escrow account liability. Complete Part IV of Schedule D	21	
20	Tax-exempt bond liabilities	20	
19	Deferred revenue	19	19,900.
18	Grants payable	18	
17	Accounts payable and accrued expenses	17	203,414.
16	Total assets. Add lines 1 through 15 (must equal line 34)	16	846,614.
15	Other assets. See Part IV, line 11	15	22,876.
14	Intangible assets	14	
13	Investments - program-related. See Part IV, line 11	13	
12	Investments - other securities. See Part IV, line 11	12	536.
11	Investments - publicly traded securities	11	
Part VI of Schedule D			
b	Less: accumulated depreciation. Complete	10b	383,928.
10a	Land, buildings, and equipment: cost basis	10a	759,845.
9	Prepaid expenses and deferred charges	9	35,532.
8	Inventories for sale or use	8	
7	Notes and loans receivable, net	7	
Part II of Schedule L			
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	6	
5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	5	
4	Accounts receivable, net	4	271,679.
3	Pledges and grants receivable, net	3	
2	Savings and temporary cash investments	2	85,559.
1	Cash - non-interest-bearing	1	88,956.
		(A)	Beginning of year
		(B)	End of year

Schedule A (Form 990 or 990-EZ) 2008

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the 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 stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

stop here. The organization qualifies as a publicly supported organization

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))

14	94.18	%
15	94.50	%

Section C. Computation of Public Support Percentage

organization, check this box and stop here

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)

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

11 Total support. Add lines 7 through 10

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	431,965.	1854672.	1848643.	2444725.	1028850.	7608855.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,873.	7,121.	743.	969.	2,981.	17,687.
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)	4,390.					4,390.
11 Total support. Add lines 7 through 10	431,965.	1854672.	1848643.	2444725.	1028850.	7630932.
12 Gross receipts from related activities, etc. (see instructions)						3,500,706.

Section B. Total Support

6 Public Support. Subtract line 5 from line 4

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 1, column (f)

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.")	431,965.	1854672.	1848643.	2444725.	1028850.	7608855.
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	431,965.	1854672.	1848643.	2444725.	1028850.	7608855.
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 1, column (f)						7186628.
6 Public Support. Subtract line 5 from line 4						422,227.

Section A. Public Support

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) and 170(b)(1)(A)(vi)

33-1029843 Page 2

Schedule A (Form 990 or 990-EZ) 2008

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and more than 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))

17 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	%
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	%
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	%

Section D. Computation of Investment Income Percentage

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

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.)					

Section B. Total 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 A. Public Support

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.)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

Special Rules

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

General Rule

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

- Filers of:
- Form 990 or 990-EZ 501(c) (3) (enter number) organization
 - Form 990-PF 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Section:

Organization type (check one):

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors Attach to Form 990, 990-EZ, and 990-PF.	
Name of the organization INFO LINE OF SAN DIEGO COUNTY		Employer identification number 33-1029843	
OMB No. 1545-0047 2008			

Name of organization: INFO LINE OF SAN DIEGO COUNTY
 Employer identification number: 33-1029843

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution (Complete Part II if there is a noncash contribution.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
1	UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON RD SAN DIEGO, CA 92123	\$ 100,029.	
2	ALLIANCE HEALTHCARE FOUNDATION 5060 SHOREHAM DRIVE STE. 350 SAN DIEGO, CA 92122	\$ 172,500.	
3	TAPER FOUNDATION 12011 SAN VICENTE BLVD STE. 400 LOS ANGELES, CA 90049	\$ 100,000.	
4	QUALCOMM 5775 MOREHOUSE DR. SAN DIEGO, CA 92121	\$ 25,000.	
5	BANK OF AMERICA 450 B STREET SUITE 620 SAN DIEGO, CA 92101	\$ 35,000.	
6	SEMPRA ENERGY COMMUNITY 101 ASH STREET SAN DIEGO, CA 92101	\$ 50,000.	

Name of organization: INFO LINE OF SAN DIEGO COUNTY
 Employer identification number: 33-1029843

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	J C FOUNDATION 4950 MURPHY CANYON RD. SAN DIEGO, CA 92123	\$ 25,000.	(Complete Part II if there is a noncash contribution.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
8	PRICE FAMILY CHARITABLE FUND 7979 IVANHOE AVENUE SUITE 520 LA JOLLA, CA 92037	\$ 50,000.	(Complete Part II if there is a noncash contribution.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
9	SDG&E PO BOX 129007 SAN DIEGO, CA 92112	\$ 129,815.	(Complete Part II if there is a noncash contribution.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047 2008 Open to Public Inspection

Part I Organizations Maintaining Donor Advised Funds or Accounts. Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

INFO LINE OF SAN DIEGO COUNTY Employer identification number 33-1029843

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

1 Purposes(s) of conservation easements held by the organization (check all that apply):
Preservation of land for public use (e.g., recreation or pleasure)
Protection of natural habitat
Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

SPECIAL EVENT EXPENSE NET WITH REVENUE: 25331.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE NET WITH REVENUE: 25331.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XIV Supplemental Information	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)
4c	Add lines 4a and 4b
4	Amounts included on Form 990, Part IX, line 25, but not on line 1
3	Subtract line 2e from line 1
2e	Add lines 2a through 2d
2a	Donated services and use of facilities
2b	Prior year adjustments
2c	Losses reported on Form 990, Part IX, line 25
2d	Other (Describe in Part XIV)
1	Total expenses and losses per audited financial statements

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)
4c	Add lines 4a and 4b
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1
3	Subtract line 2e from line 1
2e	Add lines 2a through 2d
2a	Net unrealized gains on investments
2b	Donated services and use of facilities
2c	Recoveries of prior year grants
2d	Other (Describe in Part XIV)
1	Total revenue, gains, and other support per audited financial statements

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9
9	Total adjustments (net). Add lines 4-8
8	Other (Describe in Part XIV)
7	Prior period adjustments
6	Investment expenses
5	Donated services and use of facilities
4	Net unrealized gains (losses) on investments
3	Excess or (deficit) for the year. Subtract line 2 from line 1
2	Total expenses (Form 990, Part IX, column (A), line 25)
1	Total revenue (Form 990, Part VIII, column (A), line 12)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9
9	Total adjustments (net). Add lines 4-8
8	Other (Describe in Part XIV)
7	Prior period adjustments
6	Investment expenses
5	Donated services and use of facilities
4	Net unrealized gains (losses) on investments
3	Excess or (deficit) for the year. Subtract line 2 from line 1
2	Total expenses (Form 990, Part IX, column (A), line 25)
1	Total revenue (Form 990, Part VIII, column (A), line 12)

17a	<p>17 Mandatory distributions:</p> <p>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? _____</p> <p>b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: \$ _____</p>				
	<p>16 Gaming manager information:</p> <p>Name: _____</p> <p>Gaming manager compensation: \$ _____</p> <p>Description of services provided: _____</p> <p><input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor</p>				
15a	<p>14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:</p> <p>a The organization's facility: _____</p> <p>b An outside facility: _____</p> <p>13 Indicate the percentage of gaming activity operated in:</p> <table border="1"> <tr> <td>13a</td> <td>%</td> </tr> <tr> <td>13b</td> <td>%</td> </tr> </table> <p>15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____</p> <p>b If "Yes," enter the amount of gaming revenue received by the organization: \$ _____ and the amount of gaming revenue retained by the third party: \$ _____</p> <p>c If "Yes," enter name and address: _____</p> <p>Name: _____</p> <p>Address: _____</p>	13a	%	13b	%
13a	%				
13b	%				
15b	<p>15b Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____</p>				

NO CHANGE FROM PRIOR YEAR
FORM 990, PART XI, LINE 2C

POLICIES ARE AVAILABLE UPON REQUEST.
ARE ON THE 2-1-1 WEBSITE. THE FORM 1023, GOVERNING DOCUMENTS AND VARIOUS
FORM 990, PART VI, SECTION C, LINE 19: THE 990 AND DETERMINATION LETTER

PERFORMANCE EVALUATIONS ARE PERFORMED.
DETERMINE COMPENSATION FOR NON-PROFIT EMPLOYEES. ADDITIONALLY, ANNUAL
FORM 990, PART VI, SECTION B, LINE 15: AN ANNUAL SURVEY IS REVIEWED TO

TIME.
ANNUALLY AND ANY CONFLICTS OR POTENTIAL CONFLICTS ARE DISCUSSED AT THAT
FORM 990, PART VI, SECTION B, LINE 12C: THE CEO MEETS WITH EACH MEMBER

AS REQUIRED. THE FORM IS MADE AVAILABLE TO ALL BOARD MEMBERS UPON REQUEST.
CONTRACTED CPA REVIEW THE FORM AND PROVIDE ANSWERS TO THE FINANCE COMMITTEE
MEMBERS OF THE FINANCE COMMITTEE FOR REVIEW AND APPROVAL. THE CEO AND
FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS PROVIDED TO ALL

<p>SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service</p>	<p>Supplemental Information to Form 990 ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.</p>	<p>Name of the organization INFO LINE OF SAN DIEGO COUNTY</p> <p>Employer identification number 33-1029843</p>
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