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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Tre Internal Revenue Serv		assets less th ► The organization may ha	an \$1,250,000 at the end of t ve to use a copy of this returi	ne year may use to satisfy state re	his form eporting require	ments		lr	nspectio	on
		, or tax year beginning	January 1		and ending		embe	r 31	, 20	09
B Check if applicat		C Name of organization							ation number	
Address change	use IRS label or	San Diego Regional Fir	e & Emergency Services	Foundation			3	3-038	36687	
Name change	print or	Number and street (or P O	box, if mail is not delivered to	street address)	Room/suite	E Telep	ohone r	iumber		
Initial return Terminated	type See	P.O. Box 40368				1	6	19814	l-1346	
Amended return	Specific Instruc-	City or town, state or count	ry, and ZIP + 4		•	F Gro	ир Ехе	mptic	n n	
Application pen	ting tions	San Diego, CA 92164-0	368			Nun	nber I	<u> </u>		
• Section :		zations and 4947(a)(1) no mpleted Schedule A (For		ts must attach	l l	_		V	Cash 🗌 Ac	crua
· -· -			000 0, 000 12,			r (specify k ▶ □		organı	zation is not	
Website: ▶	n/a			_				_	ıle B (Form 9	
J Tax-exempt	status (check o	nly one) — 🔽 501(c) (3) ◄ (insert no.) ☐ 494	7(a)(1) or 5	27 990-	EZ, or 99	0-PF).			
K Check ► [if the organi	zation is not a section 509	(a)(3) supporting organizat	ion and its gros	s receipts are	normally	not m	ore th	an \$25,000	A
Form 990-E		turn is not required, but if							·	
L Add lines 5b,	6b, and 7b, to line	e 9 to determine gross recei	pts, if \$500,000 or more, fil	e Form 990 inste	ad of Form 99	0-EZ ▶	- \$;	35	58,46°
Part I F	levenue, Exp	enses, and Change	s in Net Assets or I	und Balanc	es (See the	e instru	ction	s for	Part I.)	
1 Co	ntributions, giff	ts, grants, and similar a	mounts received				1		35	57,114
2 Pro	gram service r	revenue including gove	rnment fees and contra	icts			2			
3 Me	mbership dues	s and assessments.					3			
4 Inv	estment incom	ne					4			1,34
5a Gro	oss amount fro	m sale of assets other	than inventory	5a					·	
b Les	ss: cost or othe	er basis and sales expe	nses	5b	1] ,			
c Ga	ın or (loss) fron	n sale of assets other th	nan inventory (Subtract	line 5b from I	line 5a) .		5c			
6 Spe a Gro	cial events and act	tivities (complete applicable p	arts of Schedule G). If any an	nount is from gam	ning, check here	•▶ 🗌				
a Gro										
rep)		6a				1		
b Les	s: direct expei	nses other than fundra	sing expenses	6b				1		
c Ne	t income or (los	ss) from special events	and activities (Subtrac	t line 6b from	line 6a) .		6c			
7a Gro	oss sales of inv	entory, less returns and	d allowances	. 7a						
b Les	s: cost of goo	ds sold		7b			1			
c Gro	oss profit or (lo	ss) from sales of invent	ory (Subtract line 7b fr	om line 7a) .			7c	l		
	ner revenue (de			•)	8			
9 To	tal revenue. A	dd lines 1, 2, 3, 4, 5c, 6	ic, 7c, and 8		.	. ▶	9		35	58,46°
10 Gra	ants and simila	r amounts paid (attach	schedule)				10		53	39,83
11 Be	nefits paid to o	or for members	· • • • • • •				11			
		mpensation, and emplo					12			
12 Sal	fessional fees	and other payments to	independent contracto	ors			13			
0134 ()0		utilities, and maintenar					14			
யி 15 ළ⊵ம	nting, publicati	ons_postage, and ship	ping				15			96
16 Oth	ner@xpenses (d	describe > California	filing fees		_)	16			170
17 To	al expenses	describe ► California Add lines 10 through 10	6	<u></u>		. •	17		54	0,103
140 IEVI	cess or (deficit)) for the yeat∕(\$ubtract l	ine 17 from line 9) .				18			1,642
Net Assets 19 Ct	ta \$el¢\\$ od∐fu@i	d 20a ances a beginnir	ng of year (from line 2	7, column (A)) (must agre	e with				
en en		e reported 🎁 prior year					19		27	7,56
ठ 20 Oti	erchanges in	net assets or und bala	nces (attach explanation	on)			20	<u> </u>		
2 21 Ne	assets of fund	balances at end of ye	ar. Combine lines 18 th	rough 20		. ▶	21		9	5,927
Part II	alance Shee	ts. If Total assets on I	ne 25, column (B) are \$	1,250,000 or	more, file Fo	rm 990		ad of		
		(See the instructions	for Part II.)		(A) Be	ginning of	year		(B) End of year	ır
22 Cash,	savings, and in	vestments				27	7,569	22	9	5,927
•								23		
		pe ▶						24		
25 Total a	issets					27	7,569		9	5,927
		cribe Approved Gra		•	,		0,000			8,000
		palances (line 27 of col		th line 21) .	T.		7,569	_		7,927

Ot III	990-62 (2009)					Page Z
Par	t III Statement of Program Service Accom	plishments (See the instri	uctions for Part II	l.)		Expenses
esc	t is the organization's primary exempt purpose? cribe what was achieved in carrying out the org ner, describe the services provided, the number of	anization's exempt purpos	ses. In a clear ar	nd concise	501(c organ	ired for section)(3) and 501(c)(4) sizations and section
	program title.	porocino ponomou, ama c			4947(for ot	a)(1) trusts, optional hers.)
28	Provide grants to volunteer fire departments in San	Diego County to purchase fire	e and medical equi	pment		
		-				
	(Grants \$) If this amount	includes foreign grants, che	eck here	<u>, ▶ □</u>	28a	539,837
29		••••••				
		·····	-			
	(Curata ©) 15 the ground				00-	
30	(Grants \$) If this amount				29a	
30						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	
31						
	(Grants \$) If this amount	includes foreign grants, chi	eck here	. ▶ 🗆	31a	
	Total program service expenses (add lines 28a t				32	539,837
Par	t IV List of Officers, Directors, Trustees, and Key			ted. (See the		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	employee benefit	plans &	(e) Expense account and
F	ok Ault	devoted to position	enter -0)	deferred compe	nsation	other allowances
	B Historic Decatur Rd #200, San Diego, CA 92106	Board Chairman - 20 hours	٥		0	o
	rao Bailou				•	
	Summit Dr. La Mesa, CA 91941	Vice Chairman - 2 hours	0		0	0
	Costanzo	Barrel Marrison Observe	-			
2008	39 Elfin Forest Lane, Escondido, CA 92029	Board Member - 2 hours	0		0	0
	y Himmel	Board Member - 2 hours				
	Box 40368, San Diego, CA 92164-0368	Board Member - 2 Hours	. 0		0	0
	y Hollingsworth	Board Member - 2 hours	_		_	_
	Valley View Blvd, El Cajon, CA 92019		0		0	0
	a Quittner D Grossmont College Dr., El Cajon, CA 92020	Secretary & Treasurer - 2hr	0		0	_
0000	Grossmont Conege Dr., El Cajon, CA 92020			ļ		
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Form 99	0-EZ (2009)		P	age 3
Part	V Other Information (Note the statement requirements in the instructions for Part V.)			
00	Did the assessment of the line		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			ا ا
а	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		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	-	√
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	{		
b 40a	Gross receipts, included on line 9, for public use of club facilities	1		
404	section 4911 ▶; section 4912 ▶; section 4955 ▶			
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	40ь		✓
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ► California			
42a	The organization's books are in care of ▶ Frank Ault Telephone no ▶	619-81	4-134	6
	Located at ▶ 2508 Historic Decatur Rd. #200, San Diego, CA ZIP + 4 ▶	92	106	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		r= -	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
С	If "Yes," enter the name of the foreign country.	720	L	
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
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		1
		m 990	1_E7	(2000)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) 47(a)(1) nonexempted 51.	nonexemp t charitable	t charita	ble trusts only. A ust answer question	II sec ons 40	tion 3–49t	,
46	Did the organization engage in direct or indirect					46	Yes	No
47	candidates for public office? If "Yes," complete Schedule C, Part I							-
47 48		•				47	<u> </u>	<u></u>
-	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	If "Yes," was the related organization a section 5	•	_			49a 49b		
50	Complete this table for the organization's five his employees) who each received more than \$100,000.	ghest compensated	employees (other than	officers, directors,			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	ge (c) C	ompensation		(e ac	Expen	se ind
None							_	
			-			 		
						1		
						ļ —		
	Total number of other employees paid over \$100	2,000	. 1	0		<u> </u>		
none	(a) Name and address of each independent contractor	paid more than \$100,000		(b)	Type of service	(c) Co	mpens	ation
d	Total number of other independent contractors of	each receiving over	\$100,000 .	.▶	0			
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including an	ccompanying scl fficer) is based or	nedules and n all informat	statements, and to the be ion of which preparer has	st of m any kn	y know owledg	edge e
Sign Here	Signature of officer	est			3 5/10 Date			
	Frank H. Ault, Board Chairman Type or print name and title				-	_		
Paid	Preparer's signature	1	l s	Check if elf- imployed ▶	Preparer's identifying nu	mber (Se	 ee instrui	tions)
Prepar Use Oi	i Filli Shaille (Oi 🖈				EIN ►			
	address, and ZIP + 4				Phone no ▶	_		
May th	he IRS discuss this return with the preparer show	n above? See instru	ctions		▶ [Yes		No (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

San Diego Regional Fire & Emergency Services Foundation

Employer identification number

	_			ncy Services Founda					33		386687
Pai	t I	Reason	for Public Ch	arity Status (All or	ganızatı	ons mus	t comple	ete this	part.) Se	e instruc	ctions.
The	orga	anization is no	ot a private foun	dation because it is:	(For lines	1 throug	jh 11, ch	eck only	one box.	.)	
1		A church, co	nvention of chu	rches, or association	of churc	hes desci	ribed in s	ection 1	70(b)(1)(/	A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or	r a cooperative h	nospital service organ	nzation d	escribed	ın sectio	n 170(b)	(1)(A)(iii).		
4			esearch organizatime, city, and st	tion operated in conj ate:	unction v	with a ho	spital de	scribed ii	n section	170(b)(1)(A)(iii). Enter the
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)).	
7	_			receives a substantia							the general public
		_	-	1)(A)(vi). (Complete P	•	• •		Ū			
8		A community	y trust described	in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)				
9	7	An organizat	ion that normally	receives: (1) more that	an 33⅓ %	of its su	pport froi	m contrib	utions, m	nembershi	p fees, and gross
				ed to its exempt funct							
				ent income and unre						1 511 tax)	from businesse
		acquired by	the organization	after June 30, 1975.	See sec	tion 509(a)(2). (Co	omplete F	Part III)		
10		An organizat	tion organized ai	nd operated exclusive	ely to tes	t for publ	ıc safety.	See sec	tion 509	(a)(4).	
11				ind operated exclusiv							
				olicly supported organ							
			_	it describes the type		-					=
	_	a ∐ Type				e III-Fund					Type III-Other
е	Ш			ify that the organizat							
		•		n managers and other	r than on	e or more	publicly	supporte	ed organia	zations de	scribed in sectioi
_			section 509(a)(2)		_			_		_	
f		-		a written determinati	ion from	the IRS	that it is	а Туре	I, Type II	, or Type	III supporting
		•	, check this box							•	
g		following pe	rsons?	the organization acce		_					lw. lw.
				r indirectly controls, ending body of the supp				th persor	ns descril	bed in (ii) 	Yes No 11g(i)
				rson described in (i) a							11g(ii)
				of a person described							11g(iii)
<u>h</u>				ation about the suppo	1				T	·	
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ' sted in your		rou notify nization in		ls the tion in col	(vii) Amount of support
		,		above or IRC section		document?	col (i)	of your	(i) organi	zed in the	
				(see instructions))	Yes	No	Yes	No No	Yes	S?	
		····			163	- 110	163	110	163	140	
										ļ	
						-			-	-	
_											

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1)(A)(vi)
Sect	tion A. Public Support	ved the DOX	OIT III 10 3, 1, C	o oi raiti.			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
	tion B. Total Support	L	<u> </u>		•		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						_
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>				
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					
	tion C. Computation of Public Su					T.4.1	
14	Public support percentage for 2009 (line					15	<u>%</u> %
15	Public support percentage from 2008 Sci						
16a	33% % support test—2009. If the organiand stop here. The organization qualifies	as a publicly	supported orga	nization			▶ □
b	33% % support test—2008. If the organic box and stop here. The organization qua	ılıfıes as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Pai	t IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "lorganization meets the "facts-and-circumstant"	acts-and-circur ances" test. The	nstances" test, o organization qu	check this box alifies as a publi	and stop here . cly supported or	Explain in Par rganization .	t IV how the
18	Private foundation. If the organization did	l not check a b	ox on line 13, 16	a, 16b, 17a, or	17b, check this	box and see in	structions ► 🗌

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.)

	(Complete only if you checke	d the box on	line 9 01 Far	L 1.)			
	tion A. Public Support	() 0005	# 1 0000	() 0007	(4) 0000	(-) 0000	(O Total
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	166,989	169,450	306,209	1,237,106	357,114	2,236,868
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 through 5	166,989	169,450	306,209	1,237,106	357,114	2,236,868
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	8,369	3,150	3,750	14,850	2,500	32,619
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	8,369	3,150	3,750	14,850	2,500	32,619
8	Public support (Subtract line 7c from line 6)						2,204,249
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	166,989	169,450	306,209	1,237,106	357,114	2,236,868
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	900	2,333	1,907	7,126	1,347	13,613
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	900	2,333	1,907	7,126	1,347	13,613
С 11	Add lines 10a and 10b		2,000	1,001	1,120	1,541	10,010
	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.)	167,889	171,783	308,116	1,244,232	358,461	2,250,481
14	First five years. If the Form 990 is for to organization, check this box and stop leads to the stop of	here	<u> </u>		, or fifth tax y		n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su				· -		
15	Public support percentage for 2009 (lin			e 13, column (f))	15	98 %
16	Public support percentage from 2008 S			<u> </u>		16	98 %
Sec	tion D. Computation of Investmen			<u> </u>			4 ~
17	Investment income percentage for 2009				olumn (f)) .	17	1 %
18	Investment income percentage from 20	108 Schedule A	A, Part III, line	17		18	1 %
19a	331/2 % support tests—2009. If the organism not more than 331/2 %, check this b	ox and stop he	ere. The organi	zation qualifies	as a publicly s	supported orga	nization ▶ 🗹
b	33½% support tests – 2008. If the organ line 18 is not more than 33½%, check this	s box and stop	here. The organ	nization qualifies	s as a publicly	supported orga	nization 🕨 🛄
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b.	check this bo	x and see inst	ructions 🕨 🔲

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b;	tion. Complete this and Part III, line 12	part to provide the . Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
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FORM 990, SCHEDULE I

PART I, LINE 10, Grants Paid

Alpine Fire Protection District 1364 Tavern Rd. Alpine, CA 91901	\$11,886
Borrego Springs Fire Protection District P.O. Box 898 Borrego Springs, CA 92004	3,500
Boulevard Volunteer Fire Department P.O. Box 1273 Boulevard, CA 91905	22,500
Butte Falls Fire Department 431 Broad Street Butte Falls, OR 97522	10,000
Campo Fire & Rescue Department P.O. Box 55 Campo, CA 91905	3,500
Deerhorn Valley Volunteer Fire P.O. Box 875 Jamul, CA 91935	3,500
Dehesa Volunteer Fire 5425 Dehesa Road El Cajon, CA 92019	3,500
Deluz Heights Volunteer Fire Department 40020 Cathy Drive Fallbrook, CA 92028	17,700
Descanso Fire Department P.O. Box 336 Desanso, CA 91916	3,500
Dulzura Volunteer Fire 1135 Community Building Rd. Dulzura, CA 91917	3,500

Elfin Forest Volunteer Fire Department 20223 Elfin Forest Road Escondido, CA 92029	7,067
Harbison Canyon Volunteer Fire Department 551 Harbison Canyon Rd. El Cajon, CA 92019	3,500
Intermountain Fire & Rescue Dept P.O. Box 1362 Ramona, CA 92065	3,500
Jacumba Volunteer Fire Department 1255 Jacumba Street Jacumba, CA 91934	3,500
Julian/Cuyamaca Fire Protection District P.O. Box 33 Julian, CA 92036	313,200
Lake Moreno Volunteer Fire Department 29870 Oak Drive Campo, CA 91906	3,500
Lee Valley Volunteer Fire Department 15781 ½ Lyons Valley Rd. Jamul, CA 91935	3,500
Montezuma Valley Volunteer Fire Department 37370 Montezuma Valley Rd Ranchita, CA 92066	16,874
Mt. Laguna Volunteer Fire Department P.O. Box 51 Mt. Laguna, CA 91948	15,460
Ocotillo Wells Volunteer Fire Department 5841 Highway 78 Borrego Springs, CA 92004	3,500
Palomar Mountain Volunteer Fire Department P.O. Box 235 Palomar Mountain, CA 92060	3,500

Pine Valley Fire Protection District	16,748
P.O. Box 130	!
Pine Valley, CA 91962	
Potrero Volunteer Fire Department 24550 Hwy 94	3,500
Potrero, CA 91963	_!!
San Diego Foundation 2508 Historic Decatur Road San Diego, CA 92106	5,000
San Diego Rural Fire Protection District 14145 Highway 94 Jamul, CA 91935	17,000
San Pasqual Volunteer Fire Department 208 E. 5 th Avenue Escondido, CA 92025	18,184
Shelter Valley Volunteer Fire Dept 7260 Great Southern Overland Route Julian, CA 92036	3,500
Sunshine Summit Volunteer Fire Dept 35227 Hwy 79 Warner Springs, CA 92086	12,218
Tecate Volunteer Fire Department 444 Tecate Road Tecate, CA 91980	3,500
TOTAL	\$ 539,837