

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

Open to Public Inspection

м	ror tr	Te 2012 Calendar year, or tax year beginning						
В	Check if	C Name of organization	D E	Employer ide	ntification number			
	_	ress change						
Ē	_	e change   CDF FIREFIGHTERS' BENEVOLENT FOUNDATION		20-56	86356			
[	7	Number and street (or P.O. box, if mail is not delivered to street address) Room/si	uite E	Telephone nu				
Г	Ė	unated 1731 J STREET, SUITE 100		(916) 609-8700				
Ē		City or town, state or country, and ZIP + 4	F	F Group Exemption				
一	$\neg$	cation pending SACRAMENTO, CA 95811-3022	1	Number >	,			
G		nting Method: X Cash			If the organization is not			
		te: ► N/A	- 1		tach Schedule B			
				·	90-EZ, or 990-PF).			
	Check			•				
		00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instr						
		n, be sure to file a complete return.	201.01.0,	,. 201 10 01	gameaton on ocooo to mo			
		nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (	Part II					
		o, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	33,106.			
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	nstructio		33,100.			
ت		Check if the organization used Schedule 0 to respond to any question in this Part I			Y			
_	1	Contributions, gifts, grants, and similar amounts received		1	28,976.			
	2	Program service revenue including government fees and contracts		2	20,570.			
	3	Membership dues and assessments		3				
	1 4	Investment income SEE SCHEDULE	0	4	4,130.			
	5a	Gross amount from sale of assets other than inventory 5a	0		4,150.			
	b	Less: cost or other basis and sales expenses 5b		-				
	-	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		ا ي ا				
	C	Gaming and fundraising events		5c				
		( ) 10 1 1 1 0 ( ) 1 1 1						
Jue	a	\$15,000)						
Revenue	١,	Gross income from fundraising events (not including \$ of contributions		$\dashv$				
æ	"	from fundraising events reported on line 1) (attach Schedule G if the sum of such						
	١.	gross income and contributions exceeds \$15,000)  Less: direct expenses from gaming and fundraising events  6c		-				
	C			<b>⊢</b> ~				
	7.	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	<u>.</u>			
	7a	Gross sales of inventory, less returns and allowances  Less: cost of goods sold  7a  7b						
	b			┥,,				
	8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  Other revenue (describe in Schedule O)		7c 8	<del></del>			
	9			9	33,106.			
	10	Grants and similar amounts paid (list in Schedule 0) RECEIVED  SEE SCHEDULE  RECEIVED		10	32,159.			
	11	Benefite and to or for members	0	11	34,139.			
	12			12				
』 ◎ 【UI】 Expenses	13	Professional fees and other payments to independent gontractors 2 2011  Occupancy, rent, utilities, and maintenance		13	3,582.			
35		Occupancy, rent, utilities, and maintenance		14	3,304.			
<b>√</b> ∑	14			15				
<b>a</b>	ı	Other expenses (describe in Schedule O)  OGDEN, UT SEE SCHEDULE	^		67 545			
	16	Total expenses. Add lines 10 through 16	•	16	67,545.			
3—	17	Excess or (deficit) for the year (Subtract line 17 from line 9)		<u>► 17</u>	103,286.			
Σţ	18	Net assets or fund balances at beginning of year (from line 27, column (A))		10	<70,180.>			
S E	19			40	401 DEC			
Net Assets	00	(must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O)		19	421,256.			
žž	20			20	2E1 07C			
1	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	351,076.			
ب∟⊢، <b>آ</b> گ	4 For	Paperwork Reduction Act Notice, see the separate instructions.		110	Form <b>990-EZ</b> (2012)			
-			(	1/4-	11  1/1			
232	171 11-13			' U	H = IU			
U1-	11-13							

	1 990-EZ (2012) CDF FIREFIGHTERS' BENEVOI	ILIAI I CONDA	I I ON	40	<u> 56863</u>	56 Page 2
Pa	Balance Sheets (see the instructions for Part II)			_		
	Check if the organization used Schedule O to res	spond to any que				
		_	(A) Beginning of year		· · · · · · · · · · · · · · · · · · ·	nd of year
22	Cash, savings, and investments	-	421,256			<u>351,076.</u>
23	Land and buildings	_		23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		421,256			351,076.
26	Total liabilities (describe in Schedule 0)	_		26	ļ	0.
27		nto /oca the instr	421,256	) •  27		<u>351,076.</u>
Pa		•		·		rpenses for section
	Check if the organization used Schedule O to res		stion in this Part I	<u>   X  </u>		and 501(c)(4)
	it is the organization's primary exempt purpose? SEE SCHEDULE C					ons and section ) trusts; optional
manr	ribe the organization's program service accomplishments for each of its three largest program ner, describe the services provided, the number of persons benefited, and other relevant informations.	nation for each program title		•	for others.	.)
	SUPPORT FOR FAMILIES OF FIREFIGHTER		RESSION			
	PERSONNEL IN THEIR TIME OF FINANCIA					
	ALONG WITH ASSISTANCE TO BURN VICTI		IR FAMILIES.	·		100 006
	(Grants \$ ) If this amount includes foreign	grants, check here		<u> </u>	28a	103,286.
29						
	(Out to the constant and take foreign	aranta ebaak bara			29a	
	(Grants \$ ) If this amount includes foreign	grants, check here			298	
30						
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>•</b>		30a	
31	Other program services (describe in Schedule O)	<b>3.</b>				
•	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		31a	
32	Total program service expenses (add lines 28a through 31a)			▶	32	103,286.
	art IV List of Officers, Directors, Trustees, and Key E	Employees List each	one even if not compensated	,		5
					instructions is	or Part IV)
	Check if the organization used Schedule O to re-				instructions is	or Part IV)
		spond to any que	estion in this Part I	V (d) не	alth benefits,	(e) Estimated
		spond to any que (b) Average hours per week devoted t	estion in this Part I  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contraction	ealth benefits, ributions to byee benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to res	spond to any que	(c) Reportable compensation (Forms	(d) He control employers, plans,	ealth benefits,	(e) Estimated
	Check if the organization used Schedule O to resolve (a) Name and title	spond to any que  (b) Average hours  per week devoted to  position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contribute employed plans, corr	ealth benefits, ributions to byee benefit and deferred apensation	(e) Estimated amount of other compensation
CH	Check if the organization used Schedule O to research (a) Name and title  RTHUR SMITH  RIEF EXECUTIVE OFFICER/DI	spond to any que (b) Average hours per week devoted t	estion in this Part I  (c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contribute employed plans, corr	ealth benefits, ributions to byee benefit and deferred	(e) Estimated amount of other
CH	Check if the organization used Schedule O to research (a) Name and title  OUTHUR SMITH  HIEF EXECUTIVE OFFICER/DI  AYMOND SNODGRASS	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, com	ealth benefits, ributions to bysee benefit and deferred apensation	(e) Estimated amount of other compensation
CH RA SE	Check if the organization used Schedule O to research to the control of the contr	spond to any que  (b) Average hours  per week devoted to  position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, com	ealth benefits, ributions to byee benefit and deferred apensation	(e) Estimated amount of other compensation
CH RA SE ST	Check if the organization used Schedule O to research (a) Name and title  ATHUR SMITH  HIEF EXECUTIVE OFFICER/DI  AYMOND SNODGRASS  CCRETARY/DIRECTOR  YEVE HARTMAN	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employed corr	paith benefits, ributions to byee benefit and deferred apensation	(e) Estimated amount of other compensation  0.
CH RA SE ST DI	Check if the organization used Schedule O to research (a) Name and title  RITHUR SMITH RIEF EXECUTIVE OFFICER/DI RYMOND SNODGRASS RICRETARY/DIRECTOR REVE HARTMAN RECTOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control	paith benefits, ributions to byee benefit and deferred apensation	(e) Estimated amount of other compensation
CH RA SE ST DI MI	Check if the organization used Schedule O to research (a) Name and title  RITHUR SMITH RIEF EXECUTIVE OFFICER/DI RYMOND SNODGRASS RICKETARY/DIRECTOR REVE HARTMAN RECTOR RECTOR RECTOR	spond to any que  (b) Average hours per week devoted to position  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He continued the continued	paith benefits, ributions to byse benefit and deferred opensation 0.	(e) Estimated amount of other compensation  0.
CH RA SE ST DI MI DI	Check if the organization used Schedule O to research (a) Name and title  RITHUR SMITH RIEF EXECUTIVE OFFICER/DI RYMOND SNODGRASS ECRETARY/DIRECTOR RECTOR RECTOR RECTOR RECTOR RECTOR	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He continued the continued	paith benefits, ributions to byee benefit and deferred apensation	(e) Estimated amount of other compensation  0.
CH RA SE ST DI MI DI KE	Check if the organization used Schedule O to research to the case of the case	spond to any que  (b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, corr	palth benefits, ributions to byee benefit and deferred in the pensation of the control of the co	(e) Estimated amount of other compensation  0.  0.
CH RA SE ST DI MI DI KE	Check if the organization used Schedule O to research (a) Name and title  RITHUR SMITH RIEF EXECUTIVE OFFICER/DI RYMOND SNODGRASS ECRETARY/DIRECTOR RECTOR RECTOR RECTOR RECTOR RECTOR	spond to any que  (b) Average hours per week devoted to position  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, corr	paith benefits, ributions to byse benefit and deferred opensation 0.	(e) Estimated amount of other compensation  0.
CH RA SE ST DI MI DI KE	Check if the organization used Schedule O to research to the case of the case	spond to any que  (b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, corr	palth benefits, ributions to byee benefit and deferred in the pensation of the control of the co	(e) Estimated amount of other compensation  0.  0.
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CH RA SE ST DI MI DI KE	Check if the organization used Schedule O to research to the case of the case	spond to any que  (b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, corr	palth benefits, ributions to byee benefit and deferred in the pensation of the control of the co	(e) Estimated amount of other compensation  0.  0.
CH RA SE ST DI MI DI KE	Check if the organization used Schedule O to research to the case of the case	spond to any que  (b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, corr	palth benefits, ributions to byee benefit and deferred in the pensation of the control of the co	(e) Estimated amount of other compensation  0.  0.
CH RA SE ST DI MI DI KE	Check if the organization used Schedule O to research to the case of the case	spond to any que  (b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, corr	palth benefits, ributions to byee benefit and deferred in the pensation of the control of the co	(e) Estimated amount of other compensation  0.  0.
CH RA SE ST DI MI DI KE	Check if the organization used Schedule O to research to the case of the case	spond to any que  (b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, corr	palth benefits, ributions to byee benefit and deferred in the pensation of the control of the co	(e) Estimated amount of other compensation  0.  0.
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CH RA SE ST DI MI DI KE	Check if the organization used Schedule O to research to the case of the case	spond to any que  (b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, corr	palth benefits, ributions to byee benefit and deferred in the pensation of the control of the co	(e) Estimated amount of other compensation  0.  0.
CH RA SE ST DI MI DI KE	Check if the organization used Schedule O to research to the case of the case	spond to any que  (b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, corr	palth benefits, ributions to byee benefit and deferred in the pensation of the control of the co	(e) Estimated amount of other compensation  0.  0.
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CH RA SE ST DI MI DI KE	Check if the organization used Schedule O to research to the case of the case	spond to any que  (b) Average hours per week devoted to position  1.00  1.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He control employers, corr	palth benefits, ributions to byee benefit and deferred in the pensation of the control of the co	(e) Estimated amount of other compensation  0.  0.

	990-EZ (2012) CDF FIREFIGHTERS BENEVOLENT FOUNDATION 20-5686  Int V Other Information (Note the Schedule A and personal benefit contract statement requiremen		he	Page 3
	instructions for Part V) Check if the organization used Sch. O to respond to any question in th			X
				No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			1
	activity in Schedule 0	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			1
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		_X_
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		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions        Image: Control of political expenditures and indirect in the instructions     Image: Control of political expenditures and indirect in the instructions	7 1		
	Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
38 a	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 tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	1		
39	Section 501(c)(7) organizations Enter:  Initiation fees and capital contributions included on line 9  N/A			
	· · · · · · · · · · · · · · · · · · ·	1		
	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	1		
40 a	section 4911   O • ; section 4912   O • ; section 4955   O • ;			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
-	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			İ
	If "Yes," complete Schedule L, Part I	40ъ		X
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	j		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization D.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			l
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed ► CA  The organization's books are in care of ► ART SMITH  Telephone no. ► 916-60	0 0	700	
42 a	The organization's books are in care of ► ART SMITH  Located at ► 1731 J STREET, STE 100, SACRAMENTO, CA  ZIP+4 ► 9			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>	<u> </u>	<del></del>
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b	-	X
	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.			}
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/ .		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		1	Voc	No
442	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	$\Box$	163	140
770	Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
_	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		ļ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>X</u>
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		(00:5:
2321	73	Form 9	90-EZ	(2012)

orm 990-EZ (2	CDF FIREFIGHTERS BENEVO	LENT FOUND	ATTON_		<u> 20-5686</u>		Yes	No
6 Did the or	ganization engage, directly or indirectly, in political campaign activi	ities on behalf of or in o	pposition to	candidates for pu	iblic office?			
	omplete Schedule C, Part I					46		<u>X</u>
	Section 501(c)(3) organizations only							
	All section 501(c)(3) organizations must answer questions 4			e tables for line	s 50 and 51			
	Check if the organization used Schedule O to respond to a	ny question in this Pa	art VI	*	•		Yes	No
17 Did the en	econization angular in labbuma activities or bays a costion FO1/b) of	laation in officet during t	ha tay yaar?	if "Vac " complete	Sob C Bart II		165	X
	ganization engage in lobbying activities or have a section 501(h) el anization a school as described in section 170(b)(1)(A)(ii)? If "Yes,		ile lax year r	ii res, complete	: 3011. 0, Part II	47 48		X
-	ganization make any transfers to an exempt non-charitable related	•				49a		X
	as the related organization a section 527 organization?	organization -				49b		
-	this table for the organization's five highest compensated employe	es (other than officers,	directors, tru	stees and key en	nployees) who e		eived i	nore
than \$100	0,000 of compensation from the organization. If there is none, enter	r "None."						
	(a) Name and title of each employee	(b) Average ho		(C) Reportable	(d) Health benefit contributions to	, ,	Estim	
	paid more than \$100,000	per week devote		npensation (Forms V-2/1099-MISC)	employee benefit plans, and deferre		ount of opens	
	NONE	position			compensation	0 00	препъ	
		_						
		+		· · · · · · · · · · · · · · · · · · ·		-		
		$\dashv$						
<del></del>								
	ion. If there is none, enter "None." <b>NONE</b> d address of each independent contractor paid more than \$100,000	) (I	b) Type of se	vice	(c)	Compe	nsatio	1
			***					
	nber of other independent contractors each receiving over \$100,00		\ nonovompt	<u> </u>				
	rganization complete Schedule A? Note: All section 501(c)(3) organization must attach a completed Schedule A	mzanons and 4947 (a)( i	i) Honexempi		▶ [	y v		٦ No
Jnder penalties of	e trusts must attach a completed Schedule Ar Foerjury, I declare that his we examined this setting, including accompanying a parer (other than once) is based on all more than on the pare that are paret and the second of the se	and statements, and	d to the best o	my knowledge and	belief, it is true, co	rrect, an	d comp	
	parer (other trial dictor is passed in an another with the property and	(10wiedge			7/16/2	013	>	
Sign Here	Signature of officer  HRTHURE 5MIT  Type or print name and title	-77 C	EO		Date			
	Print/Type preparer's name Preparer's signatur	re O	)ate	Check	] if PTIN			,
Paid	- The Type property of Italia	11/1	~ /	, self- emplo	- I			
Preparer	MICHAEL V. GIBSON MICHAEL	W Julson	2/15/	3	P00	174	078	
Use Only	Firm's name GIBSON & COMPANY, INC	C. CPA	-	Firm's EIN	▶ 94-27			
,	Firm's address > 4600 NORTHGATE BLVD, SACRAMENTO, CA 95834	SUITE 115		Phone no.	(916)			52
May the IRS dis	scuss this return with the preparer shown above? See instructions					X Ye	s [	No
a,o are	<u> </u>					Form 9		

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name or t	ne organizati		ם ומתמשומדמם	רי ביו ביו ביו	T TAKEN		3 m T ( ) 1	Į.		Λ E C O C		
Part I	Reason		EFIGHTERS ' B ity Status (All organiz							0-5686	330	
								i dollons.		<del></del>		
			because it is: (For lines 1									
1			s, or association of churc		nbed in <b>se</b>	cuon 170	(D)( 1)(A)(1)	•				
2   _   3   _			<b>′0(b)(1)(A)(ii).</b> (Attach Sci ital service organization o		ın ecetion	170/b\/1\/	AVIII					
4	•	·	operated in conjunction					/5)/1)/ <b>5</b> \/ii	ı\ Enter	the hospital	'e nan	ne
7 []	city, and stat		operated in conjunction	111.01 0 1100	pital deco	1000 111 30	0.1011 170	(5)(1)(7)(1)	ij. Littor	tiro noopitar	o man	10,
5 🔲	-		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
<b>о</b> Ш	-	(b)(1)(A)(iv). (Comple				, , , , ,	a gara					
6			ent or governmental unit	t described	d in sectio	n 170(b)(1	Ι <b>(Δ)(ν)</b> .					
7 🕱	•		<u> </u>					r from the	general	public desc	ribed	ın
,	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8 🗀			section 170(b)(1)(A)(vi). (	(Complete	Part II)							
9 🔲	-		eives (1) more than 33 1			rom contri	butions, m	nembershi	p fees, a	and gross rea	ceipts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	invest	tment
	income and u	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 3	0, 197	75.
	See section	<b>509(a)(2).</b> (Complete	e Part III.)									
10 🔲	An organizati	on organized and o	perated exclusively to te	st for publ	ıc safety S	See <b>sectio</b>	n 509(a)(4	<b>I</b> ).				
11 🔲	An organizati	on organized and o	perated exclusively for th	ne benefit (	of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes c	of one	or
	more publicly	supported organization	ations described in section	on 509(a)(1	1) or section	on 509(a)(2	?) See <b>se</b> c	tion 509(	<b>a)(3).</b> Ch	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple		_							
	a Type		· · · · · · · · · · · · · · · · · · ·	ype III - Fu	•	•		• • •		n-functionali	•	•
e	-	-	at the organization is not									ın
		_	han one or more publicly						9(a)(1) or	section 509	(a)(2)	
f	•		tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check tl				_						Ļ
g	_		organization accepted ar									Τ
			lirectly controls, either al	one or tog	etner with	persons c	rescribed i	ın (II) and (	III) below	1	Yes	No
	•		upported organization?							11g(i)	<b>-</b>	<del> </del>
		•	n described in (i) above? i person described in (i) (		2					11g(ii) 11g(iii)		_
h			about the supported or			,				1 19(111)		
h	FIOVIDE UIE	ollowing intormation	about the supported of	gariizationi	(3)							
(:) Name	of our ported	/::\ EIN	(:::) Tune of organization	(iv) Is the o	organization	(v) Did voi	ı notify the	(vi) Is	the	(viii) Amount	of mo	noton.
	ne of supported (ii) EIN rganization		(iii) Type of organization (described on lines 1-9	' [ '		organization in col.		l organization in col.		(vii) Amount of m		
0.90				governing document?		(i) of your support?		(i) organized in the U.S.?		- Jappon		
			(see instructions))	Yes	No	Yes	No	Yes	No			
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T-4-1												
Total	)anar:::: ! =	A	e, see the Instructions fo		1		L	Caba-l1	0 A (F = :	m 990 or 99		2010
LMAFOFF	raperwork Re	eduction Act Notice	e, see the instructions to	UI				ocneaul	e A (FOr	m sev or 99	~~~ZZ)	/ ZU12

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 CDF FIREFIGHTERS' BENEVOLENT FOUNDATION 20-5686356 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 29,838. 64,536. 62,225. 28,976. 394,298. include any "unusual grants.") 208,723. 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 28,976. 208,723. 29,838. 64,536. 62,225. 394,298. 4 Total. Add lines 1 through 3 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) 394,298. 6 Public support. Subtract line 5 from line 4 Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4		208,723.	29,838.	64,536.	62,225.	28,976.	394,298.
8	Gross income from interest,						
	dividends, payments received on	•					•
	securities loans, rents, royalties						
	and income from similar sources	4,820.	3,543.	1,317.	4,852.	4,130.	18,662.
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> .		412,960.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	

98.14 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

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)

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. 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 and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2012

14

95.48

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organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))

## 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

Sec	ction A. Public Support	5.5, p.15.0.55					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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 organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
(	Add lines 7a and 7b						
_8_	Public support (Subtract line 7c from line 6)						
<u>Se</u>	ction B. Total Support		<del></del>	1			_
Cale	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	_					
(	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)						
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>		1			L
14	First five years. If the Form 990 is for	r the organization's	s first, second, thii	rd, tourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
<u></u>	check this box and stop here	ia Cunnart Da	roontogo				
	ction C. Computation of Publ			l (f)		45	
	Public support percentage for 2012 (			column (1))		15	%
<u>16</u>	Public support percentage from 2011 ction D. Computation of Investigation				<del></del>	110	<u>%</u>
						17	%
17	Investment income percentage from			ne 15, coldinii (i))		18	
18	a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than		
19	more than 33 1/3%, check this box a						▶ 🗀
	33 1/3% support tests - 2011. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						▶□

### SCHEDULE O.

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CDF FIREFIGHTERS' BENEVOLENT FOUNDATION

Employer identification number 20-5686356

CDF FIREFIGHTERS BEHAVORENT TOURSMITTON 1 20 30003	
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	OUNT:
INTEREST INCOME	4,130.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: FAMILY ASST FINANCIAL NEED & HARDSHIP 11	<del></del>
INDIVIDUALS UNDER \$5,000	
GRANTEE RELATIONSHIP: CDF FIREFIGHTER	
PROPERTY DESCRIPTION: CASH	
METHOD USED TO DETERMINE BOOK VALUE: CASH	
METHOD USED TO DETERMINE FMV: CASH	
AMOUNT GIVEN:	32,159.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	OUNT:
CONTRIBUTIONS	67,500.
TAXES & LICENSES	45.
TOTAL TO FORM 990-EZ, LINE 16	67,545.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THIS PUBLIC BENEFIT	<u> </u>
CORPORATION IS ORGANIZED EXCLUSIVELY TO ENGAGE IN LAWFUL CHARITABLE	AND
EDUCATIONAL ACTIVITIES SUPPORTING THE FAMILIES OF FIREFIGHTERS AND	
OTHER FIREFIGHTING SUPPRESSION PERSONNEL IN TIMES OF FINANCIAL NEED	OR
HARDSHIP: ASSIST BURN VICTIMS AND THEIR FAMILIES AND SUPPORT RESEAR	СН
AND STUDIES ON OCCUPATION HAZARDS AND EXPOSURES UNIQUE TO FIREFIGHT	ING
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ.	990-EZ) (2012)
12	

### **SCHEDULE Q**

Internal Revenue Service

(Form 999 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

CDF FIREFIGHTERS' BENEVOLENT FOUNDATION

Employer identification number 20-5686356

WITHIN THE MEANING OF IRC SECTION 501(C)(3) OR THE CORRESPONDING
PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.