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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	_			endar year, or tax year beginning , 2013, and ending			,
		Check if a Address	applicable chance	C Name of organization	D	Employer i	dentification number
		Name ch	_	EAST VALLEY FIREFIGHTER CHARITIES FOUNDATION, INC.		20-51	87068
		Initial retu	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E		
	-	Terminate		PO BOX 5954		(602)	541-2511
	П	Amended	d return	City or town, state or province, country, and ZIP or foreign postal code	-		
		Application	on pending	MESA AZ 85211-084		Group Ex Number	xempuon ►
	G	Accour	nting Meth		heck •	if the	organization is not
	1 '	Websi	te: N				Schedule B
	J	Тах-ехе	mpt status	check only one) — X 501(c)(3)	Form 99	90, 990-EZ	z, or 990-PF).
	K	Form o	of organiza	tion: X Corporation Trust Association Other			
	L	Add lin assets	es 5b, 6c (Part II. c	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t slumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal	►\$	147,839.
		rt I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions fo	or Part I)
				e organization used Schedule O to respond to any question in this Part I			X
		1 (Contributi	ns, gifts, grants, and similar amounts received		1	114,914.
			-	ervice revenue including government fees and contracts			
				p dues and assessments		3	
				income		4	
	I	l .		unt from sale of assets other than inventory			
		bl	Less: cos	or other basis and sales expenses			
			•	from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	R	1	_	me from gaming (attach Schedule G if greater than \$15,000) 6 a			
	R E V	l		me from fundraising events (not including \$ 13,186. of contributions			
	E N U	l		aising events reported on line 1) (attach Schedule G if the sum		1 1	
	Ĕ				2,92	5.	
MOANNINI		ςl	Less: dire	t expenses from gaming and fundraising events	0,44	0.	
\$		d į	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and			
		l		tract line 6c)		· · 6 d	22,485
วิ		l		s of inventory, less returns and allowances			
J		l		of goods sold		7c	
P	- 1		-			8	
) R		9 1	Culei levi	nue (describe in Schedule O)		▶ 9	105.000
!		10	Cronto on	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	- · · · ·	. 10	137,399
		11 6	Giailis ail Ronofite n	similar amounts paid (list in Scriedule V)		11	89,226
	E	12	Salariae <i>i</i>	ther compensation, and employee benefits		. 12	
		13 F	Professio:	al fees and other payments to independent contractors		13	10.006
	Ë	14 (Occupano	r, rent, utilities, and maintenance		. 14	19,096 1,388
	X P E N S E S			ublications, postage, and shipping		. 15	6,473
	s			inses (describe in Schedule O)	Other Exp		8,571.
				nses. Add lines 10 through 16		► 17	124,754
	\neg			(deficit) for the year (Subtract line 17 from line 9)		18	12,645
	A S NS E E T	1		or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y			12,010
	NS EE			rted on prior year's return)	- aı	19	41,225.
	TT	20 (Other cha	ges in net assets or fund balances (explain in Schedule O)		20	
				or fund balances at end of year. Combine lines 18 through 20		≻ 21	53,870.
	==			R Deduction Act Notice, see the separate instructions			Form 990 F7 (2012)

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22

TEEA0812 11/27/13

Form	990-EZ (2013) EAST VALLEY FIRE	EFIGHTER CHARITIES	FOUNDATION,	INC. 2	0-518	37068 Page 2
Par	Balance Sheets (see the instr	uctions for Part II)				П
	Check if the organization used Schedu	<u>ile O to respond to any questi</u>				
	Out and an and investments		<u> </u>	(A) Beginning of ye		(B) End of year
22	Cash, savings, and investments			41,22		53,870.
23	Land and buildings				0. 23	0.
24	Other assets (describe in Schedule O)		<u> </u>		0. 24	· 0.
25	Total assets		<u> </u>	41,22	5 . 25	53,870.
26	Total liabilities (describe in Schedule O).				<u>0. 26</u>	0.
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with line	21)	41,22	5. 27	53,870.
Par	Statement of Program Service Ac	ccomplishments (see the ins	structions for Part III)	_	_	Expenses
	Check if the organization used Sche	dule O to respond to any ques	stion in this Part III			uired for section 501
What	s the organization's primary exempt purpose? CH	ARITABLE SUPPORT) and 501(c)(4) nizations and section
Desc	ribe the organization's program service acco	omplishments for each of its th	ree largest program se	rvices, as		(a)(1) trusts; optional
meas	ribe the organization's program service acc sured by expenses. In a clear and concise m fited, and other relevant information for each	ianner, describe the services p i program title.	provided, the number o	r persons	for of	thers.)
28	THE ORGANIZATION PROVIDES					
				1 10 MEE1 -		
	THE NEEDS OF PEOPLE, FAMI	TIES, WND ORGANIZE	7110112-			
	(Granta C	s amount includes foreign grar	ote check here		- 28 a	104 754
20		· · · · · · · · · · · · · · · · · · ·			204	124,754.
29						
	72				aa -	
	(Grants \$) If this	s amount includes foreign gran	nts, check here		29 a	
30						
	(Grants \$) If this	s amount includes foreign gran	nts, check here		30 a	
31	Other program services (describe in Sched	lule 0)		<u>.</u>		
	(Grants \$) If this	s amount includes foreign grar	nts, check here	• [31 a	
32	Total program service expenses (add lin	es 28a through 31a)			▶ 32	124,754.
Da	List of Officers, Directors,	Trustees, and Key Emp	lovees (list each one e	ven if not compensate	1 — see ti	
	Check if the organization used Sche					
		(h) Average hours per	(c) Reportable compensation	(d) Health bene	fits,	
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to em benefit plans, and d	ployee eferred	(e) Estimated amount of other compensation
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	' contributions to em	ployee eferred	(e) Estimated amount of
BRY	(a) Name and Title	week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to em benefit plans, and d	ployee eferred	(e) Estimated amount of
	.,	week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to em benefit plans, and d compensatio	ployee eferred	(e) Estimated amount of
PRE	AN JEFFRIES	week devoted to position	(If not paid, enter -0-)	contributions to em benefit plans, and d compensatio	ployee eferred n	(e) Estimated amount of other compensation
PRE DEF	<u>AN JEFFRIES</u>	week devoted to position	(If not paid, enter -0-)	contributions to em benefit plans, and d compensatio	ployee eferred n	(e) Estimated amount of other compensation
PRE DEF SEC	AN_JEFFRIES SIDENT BBIE_DANA	week devoted to position	(if not paid, enter -0-)	contributions to em benefit plans, and d compensatio	ployee eferred n	(e) Estimated amount of other compensation
PREDE	AN_JEFFRIESSIDENT BBIE_DANA Z'Y/TREAS.	week devoted to position	(if not paid, enter -0-)	contributions to embenefit plans, and do compensatio	ployee eferred n	(e) Estimated amount of other compensation
PRE DEF SEC STE EXE	AN_JEFFRIES SIDENT BBIE DANA YYTREAS. VE_HEYER	week devoted to position 1.00 4.00	(if not paid, enter -0-) 0 6,358	contributions to embenefit plans, and do compensatio	Ployee eferred n	(e) Estimated amount of other compensation 0.
PRE DER SEC STE EXE JAN	AN JEFFRIES SIDENT BEIE DANA Y/TREAS. VE HEYER CUTIVE DIRECTOR	week devoted to position 1.00 4.00	(if not paid, enter -0-) 0 6,358	contributions to em benefit plans, and d compensatio	Ployee eferred n	(e) Estimated amount of other compensation 0.
PRE DEF SEC STE EXE JAN DIE	AN JEFFRIES SIDENT BE DANA Y / TREAS. VE HEYER CUTIVE DIRECTOR RECTOR	1.00 4.00	(if not paid, enter -0-) 0 6,358	contributions to em benefit plans, and d compensatio	O.	(e) Estimated amount of other compensation 0.
PREDET	AN JEFFRIES SIDENT BEE DANA YYTREAS. VE HEYER CUTIVE DIRECTOR HES NELSON RECTOR LE CROGAN	1.00 4.00	(if not paid, enter -0-) 0 6,358	contributions to em benefit plans, and d compensatio	O.	(e) Estimated amount of other compensation 0.
PRE DEF SEC STE EXE JAN DIE DAI	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR	1.00 4.00 1.00	(if not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0.	(e) Estimated amount of other compensation 0. 0.
PRE DEF SEC STE EXE JAN DIE DAI DIE JOE	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR HN LOCKLIN	1.00 1.00 1.00 1.00	(if not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0.	(e) Estimated amount of other compensation 0. 0.
PRE DEF SEC STE EXE JAN DIE DAI DIE JOE	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR	1.00 4.00 1.00	(If not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PRE DEF SEC STE EXE JAN DIE DAI DIE JOE	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR HN LOCKLIN	1.00 1.00 1.00 1.00	(If not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
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PRE DEF SEC STE EXE JAN DIE DAI DIE JOE	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR MN LOCKLIN	1.00 1.00 1.00 1.00	(If not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PRE DEF SEC STE EXE JAN DIE DAI DIE JOE	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR MN LOCKLIN	1.00 1.00 1.00 1.00	(If not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PRE DEF SEC STE EXE JAN DIE DAI DIE JOE	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR MN LOCKLIN	1.00 1.00 1.00 1.00	(If not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PRE DEF SEC STE EXE JAN DIE DAI DIE JOE	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR MN LOCKLIN	1.00 1.00 1.00 1.00	(If not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PRE DEF SEC STE EXE JAN DIE DAI DIE JOE	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR MN LOCKLIN	1.00 1.00 1.00 1.00	(If not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PRE DEF SEC STE EXE JAN DIE DAI DIE JOE	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR MN LOCKLIN	1.00 1.00 1.00 1.00	(If not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
PRE DEF SEC STE EXE JAN DIE DAI DIE JOE	AN JEFFRIES CSIDENT BBIE DANA CYYTREAS. EVE HEYER CCUTIVE DIRECTOR MES NELSON RECTOR LE CROGAN RECTOR MN LOCKLIN	1.00 1.00 1.00 1.00	(If not paid, enter -0-) 0 6,358 10,404	contributions to em benefit plans, and d compensatio	0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.

	990-EZ (2013) EAST VALLEY FIREFIGHTER CHARITIES FOUNDATION, INC. 20-518706	8	P	age 3
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. 🔲
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No
34	· · · · · · · · · · · · · · · · · · ·	33		X
	a change to the organization's name Otherwise, explain the change on Schedule O (see Instructions)	34		х
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)?	25.0		,,
	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 a		<u> </u>
		335		
	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 requirements during the year? If Yes,' complete Schedule C, Part III	35 c	· ———	<u> </u>
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 • 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		X
30 6	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
ı	olf 'Yes,' complete Schedule L, Part II and enter the total			<u> </u>
39	amount involved			
	Initiation fees and capital contributions included on line 9			
	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:	İ		
	section 4911 ► ; section 4912 ► ; section 4955 ►			
ı	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? If 'Yes,' complete Schedule L, Part I	40 b		X
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			لــــا
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed Arizona			
42	a The organization's			
	books are in care of DEBBIE DANA Telephone no. (480)			3
	Located at PO BOX 5954, MESA, AZ ZIP+4 85211	- <u>0848</u>	Yes	No
Į.	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)?	42 b	100	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.			
,	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		
	11 165, etter die hame of the fologie soundy.			
			_	
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		V	l NI-
44	Plid the organization maintain any donor advised funds during the year? If 'Ves' Form 990 must be completed instead		Yes	No
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
ı	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44.		
	instead of Form 990-EZ	44 b	-	X
	If Yes' to line 44s, has the organization filed a Form 720 to report these navments?	—	 	 ^-
	ff 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	<u> </u>	Х
ļ	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)	45 b		х
			Ī	$\Gamma \sim$

48 Did the organization rangage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public officer? If Yes, complete Schedule C, Part I. All Section 501(c)(3) organizations only All Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule C to respond to any question in this Part VI. 47 Did the organization anginge in lobbying activities or have a section 501(f) election in effect during the tax year? If Yes, Yes No. 48 Is the organization as chose of 2 organization in the Part VI. 49 Did the organization make any transfers to an exempt ono-charitable related organization? 50 Complete this table for the organizations for the highest compensated employees (other than officers, directors, fusites and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter None. (a) Name and too of each employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees paid over \$100,000. If Total number of other employees the paid of the p	Form 990-E	2 (2013) EAST VALLEY FIREFIC	HTER CHARITIE	S FOUNDATION, II	$\frac{NC.}{20-518}$	37068		age 4
Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000							Yes	No
Part VI. Section 501 (c)(3) organizations only All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Chock if the organization used Schedule O to respond to any question in this Part VI. 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, Yes No complete Schedule C, Part II. 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E. 49 a Did the organization and was any transfers to an exempt non-charitable related organization as school 527 organization? 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, trustoes and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter None. (a) Name and title of each employees For the victor of the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter None. (b) Name and buttle of each employees paid over \$100,000 For the organization is organization in the properties of the highest compensated independent contractors who each received more than \$100,000 of compensation. (c) Name and buttle of each employees and over \$100,000 (d) Name and buttle of each employees and over \$100,000 (e) Name and buttle of each employees and over \$100,000 (ii) Type of service (iii) Feature the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization in the best of my long title of the organization of the organization in the organization in the best of my long title of the organization in the best of my long title of my long title of my long title organization in the best of my long title organization in the best of my long title of my long title organization in the long title or	46 Did th	ne organization engage, directly or indirectly dates for public office? If 'Vos' complete So	/, in political campaign	activities on behalf of or in	opposition to	46	A 615.70	·
All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Chock if the organization used Schedule O to respond to any question in this Part VI. To bid the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If Yes, complete Schedule C, Part II yes and the organization and school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E. 48 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E. 48 Is the organization and the art particle for a received miscellar section 527 organization? 49 Is If Yes, was the related organization 527 organization? 49 Is the organization and the art particle for the complete schedule and organization? 49 Is the organization and the art particle for the organization organization and the art particle organization organization and the art particle organization and the art					· · · · · · · · · · · · · · · · · · ·	40	Ь	<u> </u>
Chock if the organization used Schedule O to respond to any question in this Part VI 7 Did the organization angage in lobbying activities or have a section 50(ft) election in effect during the tax year? If Yea, year to complete Schedule C, Part II 1. 47	T COTO VIA	All section 501(c)(3) organization	s must answer qu	estions 47-49b and 5	2, and complete the	tables		
Vest			O to respond to any qu	uestion in this Part VI				. Г
As Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes; complete Schedule E								- '-
48. Is the organization as described in section 170(b)(1)(1)(1)(i)	47 Did th	ne organization engage in lobbying activities	s or have a section 50°	I(h) election in effect during	g the tax year? If 'Yes,'	47		T.,
49 a Did the organization make any transfers to an exempt non-charitable related organization?	•						_	
b if Yes, was the related organization a section 527 organization? Complete this table for the organization of the wighest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter None. (a) Name and stitle of each employee (b) Average hours presented (c) Reportable compensation (c) Reportable compensation (c) Reportable compensation (d) Reportable compensation (e) Reportable compensation (f) Grown W-2/1094-48.5C) (g) Name and surveys and officers (e) Reportable compensation (e) Reportable compensation (f) Total number of other employees paid over \$100,000		=					<u> </u>	
amployees) who each received more than \$100,000 of compensation from the organization if there is none, enter None: (a) Name and tide of each employee (b) Average hours per to peasion (c) Reportable compensation complete benefit prices. And distingt corresponding to the peasion of the pe								-
(e) Reported forwards of many transfer development of contractions to anaptypess of other conspensation of other conspensations. (f) Total number of other employees paid over \$100,000	50 Comp emplo	olete this table for the organization's five hig oyees) who each received more than \$100,	hest compensated em 000 of compensation f	ployees (other than officer rom the organization If the	s, directors, trustees and ere is none, enter 'None.'	key		
f Total number of other employees paid over \$100,000		(a) Name and trile of each employee	per week devoted	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimated other comp	i amoun censatio	at of
f Total number of other employees paid over \$100,000	NONE							
f Total number of other employees paid over \$100,000. 51 Complete this table for the organization if the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None. (e) Name and trushess address of each independent contractor (e) Type of service (e) Compensation (e) Compensation (e) Compensation (ii) Type of service (iii) Type of service (iii) Type of service (iii) Type of service (iv) Type of service								
f Total number of other employees paid over \$100,000								
f Total number of other employees paid over \$100,000								
f Total number of other employees paid over \$100,000						 		
Complete this table for the organization. If there is none, enter None. (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (c) Compensation (c) Compensation (d) Name and business address of each independent contractor (e) Name and business address of each independent contractor (b) Type of service (c) Compensation (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000. (e) Type of service (f) Type of service (e) Compensation (e) Compensation (e) Compensation (f) Type of service (e) Compensation (e) Compensation (f) Type of service (g) Type of service (h) Type of service (e) Compensation (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000. (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000. (e) Compensation (e) Type of service (e) Compensation (e) Type of service (e) Compensation (e								
Complete this table for the organization. If there is none, enter None. (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (c) Compensation (d) Name and business address of each independent contractor (e) None d Total number of other independent contractors each receiving over \$100,000. 50 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 10 Ander penalties of penjury, laciging that I have examined this-return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use correct, and complete Destruction of progress (other thin officer) is based on all information of which preparer has any knowledge 20 Application 20 Application 21 Application 22 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 22 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 23 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 23 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. 24 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. 25 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A. 26 Department of the organization complete Schedule A? 27 Did the organization complete Schedule A? 26 Department of the organization complete Schedule A? 27 Did the organizatio	f Total	number of other employees paid over \$100	0.000	!		<u></u>		
(e) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000. 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. (inder penalties of penjury, I decigric that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is upon the beginning or greparer (other tryin officer) is based on all information of which preparer has any knowledge Pintur by persperse name Pensagir's signature Pintur per pent name and title Pintur s name T. CARMICHAEL, P.C. Firm's name T. CARMICHAEL, P.C. Firm's address 421 E. UNIVERSITY DR. MESA AZ 85203 Phone no (480) 649-9550 May the IRS discuss this return with the preparer shown above? See instructions. EX Yes No				ependent contractors who	- each received more than	n \$100,000 c	of	
d Total number of other independent contractors each receiving over \$100,000. 2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Independent of propury, I decipital have examined bis-grammed								
d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Independition of prepare of openary, 1 decify that I have examined this resum, including accompanying schedules and statements, and to the best of my knowledge and belief, it is used to a complete Deglariston of properer (other than officer) is based on all information of which preparer has any knowledge Signature of middle trusts. DEBBIE DANA Type or print name and title Print preparer become and title Print preparer become and title Print preparer become and title Print saddress T. CARMICHAEL Firm's name T. CARMICHAEL, P.C. Firm's address A. CARMICHAEL, P.C. Firm's address A. CARMICHAEL, P.C. Firm's address A. CARMICHAEL, P.C. Firm's address A.C. CARMICHAEL, P.C. MESA Az 85203 Phone no (480) 649-9550 May the IRS discuss this return with the preparer shown above? See Instructions. Types No		(a) Name and business address of each independent cor	ntractor	(b) type	or service	(c) Comp	ensatio	n
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All the organizations and 4947(a)(1) nonexempt All the organizations All th	NONE_			_				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt Index possible trusts must attach a completed Schedule A				_		 		
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt Index possible trusts must attach a completed Schedule A				-				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt Index possible trusts must attach a completed Schedule A						 		
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt Index possible trusts must attach a completed Schedule A				-				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt Index possible trusts must attach a completed Schedule A							-	
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt Index possible trusts must attach a completed Schedule A								
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt Index possible trusts must attach a completed Schedule A				_				
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All section 501(c)(3) organizations and 4947(a)(1) nonexempt All the organization complete Schedule A. All the organizations and 4947(a)(1) nonexempt All the organizations All th	-1 T-1-1			20.000		<u></u>		
Ander penalties of penury, I decign that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. DEBBIE DANA Type or print name and title	52 Did th	ne organization complete Schedule A? Note	e. All section 501(c)(3)	organizations and 4947(a))(1) nonexempt			
Signature of officer DEBBIE DANA Type or print name and title				<u> </u>			<u>. </u>	
Signature of officer Debuild De	true, correct, ar	nd complete Deglaration of preparer (other than officer) is	s based on all information of w	hich preparer has any knowledge				
DEBBIE DANA Type or pnnt name and title Pint/Type preparer's name Preparer Preparer THERESA A. CARMICHAEL Firm's name T. CARMICHAEL, P.C. Firm's address 421 E. UNIVERSITY DR. MESA AZ 85203 Phone no (480) 649-9550 May the IRS discuss this return with the preparer shown above? See instructions. **THERESA A. CARMICHAEL PODATE Check self-employed P00027374 **PTIN Check self-employed P00027374 **PTIN P00027374	Sian	Signature et officer	16-			'4 -		
Print/Type preparer's name THERESA A. CARMICHAEL Firm's name T. CARMICHAEL, P.C. Firm's address 421 E. UNIVERSITY DR. MESA AZ 85203 Phone no (480) 649-9550 May the IRS discuss this return with the preparer shown above? See instructions. PTIN Check of self-employed P00027374 Phone no (480) 649-9550 No	Here							
Paid Preparer Jse Only THERESA A. CARMICHAEL F.C. Firm's name F. CARMICHAEL, P.C. Firm's address F. L. UNIVERSITY DR. MESA AZ 85203 Phone no (480) 649-9550 May the IRS discuss this return with the preparer shown above? See instructions X Yes No			Pregarat's signature	Date		TIN		
Preparer Jse Only Firm's name Firm's name T. CARMICHAEL, P.C. 421 E. UNIVERSITY DR. Firm's EIN 26-0030246			Thereal !	Agent 1121	Check ☐ if		1	
Firm's address 421 E. UNIVERSITY DR. Firm's EIN 26-0030246	Paid Preparer		P.C.	41/13/	T.d. con.outholog	:0002131	4	
MESA AZ 85203 Phone no (480) 649−9550 May the IRS discuss this return with the preparer shown above? See instructions	Use Only				Firm's EIN	26-0030	246	
May the IRS discuss this return with the preparer shown above? See instructions		<u> </u>		AZ 85203	Phone no (48			
	May the IR	S discuss this return with the preparer show	vn above? See instruc					$\overline{}$
				,				(2013

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of	the	organization							Employe	r Identificat	tion number	
EAST	' 1	ALLEY FIREFIG	HTER CHARITIE	S FOUNDATION,	INC.				20-51	87068	3	
Part	Ī	Reason for Publ	ic Charity Status	(All organizations r	nust co	mplet	e this p	art.) S	ee inst	ruction	s.	
The or	gar	nization is not a private	foundation because it	is: (For lines 1 through 1	11, check	only or	e box.)		·			
1	П	A church, convention	of churches or associa	tion of churches describe	ed in sec	tion 17	0(b)(1)(A	\)(i).				
2	П	A school described in	section 170(b)(1)(A)(i	ii). (Attach Schedule E.)								
3	H			organization described in	section	170(b)	(1)(A)(iii)	١.				
4	H		•	conjunction with a hospi		• •		·	n(A)(iii).	Enter th	e hospital's	
	ш	name, city, and state		,				` ' ' '	, , ,			
5		• • •	ted for the benefit of a mplete Part II.)	college or university own	ned or o	perated	by a gov	ernmen	tal unit d	escribed	in section	
6		A federal, state, or loc	al government or gove	rnmental unit described	in sectio	n 170(b)(1)(A)(\	/).				
7	X	in section 170(b)(1)(A	A)(vi). (Complete Part			governr	nental ui	nit or fro	m the ge	neral pu	blic describ	ed
8	\bigsqcup	A community trust des	scribed in section 170 ((b)(1)(A)(vi). (Complete	Part II)							
9		An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)										
10	Ц	•	•	lusively to test for public	•							
11	Ш	more publicly supported	ed organizations descr	lusively for the benefit of ibed in section 509(a)(1) and complete lines 11e	or section	on 509(a	functions a)(2). See	of, or c e sectio	arry out n 509(a)	the purp (3). Che	oses of one ck the box t	or hat
		a Type I b	Type II c	Type III — Function	ally integ	rated	c	ı 🗍 1	Гуре III -	- Non-fu	nctionally in	tegrated
е				zation is not controlled d nan one or more publicly								
f		If the organization rec	eived a written determi	nation from the IRS that	is a Typ	e I, Type	Il or Ty	pe III su	pporting	organiza	ation,	🛚
g		Since August 17, 2006	6, has the organization	accepted any gift or co	ntributior	from a	ny of the	followin	g persor	ns?		
												Yes No
		below, the gove	ming body of the supp	trols, either alone or toge orted organization?				`.	·		. 11 g (i)	
				d in (i) above?							. 11 g (ii)	
				scribed in (i) or (II) above							· 11 g (iii)	
<u>h</u>		Provide the following i	nformation about the s	upported organization(s).						<u> </u>	LL
		(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organiza column (i) your gov docum	ation in listed in reming	(v) Did yo the organi column (l) supp	of your	(vi) is organiza colum organiza U S	ation in in (i) d in the		t of monetary port
					Yes	No	Yes	No	Yes	No		
												<u>-</u>
(A)									<u> </u>			
(B)											-	
(C)												
(-)	_				 	 		-	 			
(D)					<u></u>				-			
(E)												
Total												
BAA	For	Paperwork Reduction	n Act Notice, see the	Instructions for Form	990 or 9	90-EZ.			Schedule	A (Form	1 990 or 990)-EZ) 2013

20-5187068 Part II | 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									
begiı	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	85,480.	83,261.	79,900.	73,303.	114,914.	436,858.		
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	85,480.	83,261.	79,900.	73,303.	114,914.	436,858.		
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 11, column (f)						55,223.		
6	Public support. Subtract line 5 from line 4						381,635.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	85,480.	83,261.	79,900.	73,303.	114,914.	436,858.		
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.)	43,339.	52,861.	16,246.	6,153.	22,485.	141,084.		
11	Total support. Add lines 7 through 10			-			577,942.		
12	Gross receipts from related activiti	es, etc (see instruc	tions)			12			
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	· · · · · · · · · ·		
Sec	tion C. Computation of Pu								
14	Public support percentage for 201						66.03 % _		
15	Public support percentage from 20						68.15 %		
16 a	33-1/3% support test — 2013. If and stop here. The organization of	the organization di qualifies as a public	d not check the book ly supported organ	x on line 13, and the state of	ne line 14 is 33-1/3	% or more, check t	his box		
t	33-1/3% support test — 2012. If t and stop here. The organization of	he organization did qualifies as a public	I not check a box of the supported organ	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box		
17 a	10%-facts-and-circumstances to or more, and if the organization method organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	st, check this box a	ind stop here. Exp	lain in Part IV how	p		
	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a qualifies as a pub	ind stop here. Exp licly supported org	plain in Part IV how anization	the ►		
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1					
BAA					Sch	nedule A (Form 990	or 990-F7) 2013		

20-5187068

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.)

	tion A. Public Support							
	dar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received. (Do not include	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
2	any 'unusual grants.')							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons		-1					
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	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12)							
	First five years. If the Form 990 is organization, check this box and s	for the organization	on's first, second,	third, fourth, or fifth	tax year as a sec	ion 501(c)(3)	▶ □
Sec	tion C. Computation of Pu							
	Public support percentage for 2013	• •	•				15	8
	Public support percentage from 20				<u></u>	<u> </u>	16	ક
	tion D. Computation of Inv							
17	Investment income percentage for	2013 (line 10c, co	lumn (f) divided by	line 13, column (i	n))		17	ક
18	Investment income percentage fro	m 2012 Schedule /	A, Part III, line 17				18	ક
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the support tests $\frac{1}{3}$	nis box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization		▶
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	check this box and	stop here. The or	rganization qualifie	es as a publicly sup	ported orgar	ization .	▶ 📋
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	k this box and see i	nstructions.		▶ □

Schedule A (1 offi 990 of 990-12) 2019 EAST VALLET FIREFIGHTER CHARITIES FOUNDATION, INC. 20-318/000 Pa	iyo 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
Pt_II_Line_10: Description: SPECIAL EVENTS	
Pt_II_Line_10: 2009: 43339.	
Pt II Line 10: 2010: 52861.	- -
Pt II Line 10: 2011: 16246.	
Pt_II_Line_10: 2012: 6153.	
Pt II Line 10: 2013: 22485.	
	- - -
	- -

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

EAST VALLEY FIREFIGHTER	CHARITTES	FOUNDA	י מסדי	NC.	20-518706	18
Part Fundraising Activities. Com	plete if the organ	nization ans	wered Yes			
Form 990-EZ filers are not re	quired to comple	te this part.		<u> </u>		
1 Indicate whether the organization r	aised funds throu	ugh any of t	the followin			
a Mail solicitations			е	Solicitation of non-c	-	
b Internet and email solicitations			T	Solicitation of gove	-	
c X Phone solicitations			g	X Special fundraising	events	
d X In-person solicitations						
2a Did the organization have a written employees listed in Form 990, Par	or oral agreeme tVII) or entity in o	nt with any connection	individual (with profes	(including officers, direc sional fundraising servi	tors, trustees or key ces?	Yes X No
ь If 'Yes,' list the ten highest paid ind compensated at least \$5,000 by th						
(i) Name and address of individual	(ii) Activity	(iii) Did f	undraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		have custor of contri	dy or control lbutions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization
		Yes	No			
1						
2						
3						
4			·			
5						
6						
7						
8	į					
9						
10						
			<u> </u>			
Total	<u></u>	· · · · · ·	>			<u> </u>
3 List all states in which the organization or licensing.	ation is registered	d or license	d to solicit o	contributions or has bee	n notified it is exempt fro	om registration
						
				· 		
		· 				.
		. _				
		. 				
		. 				
						.
	 		

all		Fundraising Events. Complete if the more than \$15,000 of fundraising events events with gross receipts great	ent contributions a	wered 'Yes' to Form nd gross income on	i 990, Part IV, line 1 Form 990-EZ, lines	8, or reported s 1 and 6b.
RE	•		(a) Event #1 POKER RUN (event type)	(b) Event #2 THEATER PREMIER (event type)	(c) Other events VARIOUS (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	21,682.	8,110.	16,319.	46,111
Ĕ	2	Less: Charitable contributions	2,430.		10,756.	13,186
	3	Gross income (line 1 minus line 2)	19,252.	8,110.	5,563.	32,925
	4	Cash prizes	1,500.			1,500
	5	Noncash prizes	0.			0
DIRECT	6	Rent/facility costs	·	2,518.		2,518
	7	Food and beverages	1,403.			1,403
EXPESSES	8	Entertainment				
	9	Other direct expenses	5,019.			5,019
s					_	
	10 11 III	Net income summary. Add lines 4 through Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d)	<u> </u>		22,485
ar	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)	<u> </u>		22, 485 d more than (d) Total gaming (add column (a)
	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d) on answered 'Yes'	to Form 990, Part IV (b) Pull tabs/Instant bingo/progressive	/, line 19, or reporte	22, 485 d more than (d) Total gaming (add column (a)
REVENUE	11 III	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d) on answered 'Yes'	to Form 990, Part IV (b) Pull tabs/Instant bingo/progressive	/, line 19, or reporte	22, 485 d more than
REVENUE	11	Net income summary. Subtract line 10 from Gaming. Complete if the organizatis \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d) on answered 'Yes' (a) Bingo	to Form 990, Part IV (b) Pull tabs/Instant bingo/progressive	/, line 19, or reporte	22,485 d more than (d) Total gaming (add column (a)
REVENUE	1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization of the summary of the organization of the summary of the summ	line 3, column (d) on answered 'Yes' (a) Bingo	to Form 990, Part IV (b) Pull tabs/Instant bingo/progressive	/, line 19, or reporte	22,485 d more than (d) Total gaming (add column (a)
REVENUE	11 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organizatis \$15,000 on Form 990-EZ, line 6a. Gross revenue	line 3, column (d). on answered 'Yes'	to Form 990, Part IV (b) Pull tabs/Instant bingo/progressive bingo	/, line 19, or reporte	22,485 d more than (d) Total gaming (add column (a)
REVENUE	11 2 3 4	Rent/facility costs	line 3, column (d) on answered 'Yes' (a) Bingo	to Form 990, Part IV (b) Pull tabs/Instant bingo/progressive	/, line 19, or reporte	22,485 d more than (d) Total gaming (add column (a)
REVENUE	11 2 3 4 5	Rent/facility costs Other direct expenses.	Ine 3, column (d) on answered 'Yes' (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	/, line 19, or reporte (c) Other gaming Yes% No	22,485 d more than (d) Total gaming (add column (a)
REVENUE	11 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization of the	Inne 3, column (d) on answered 'Yes' (a) Bingo (a) Bingo Yes 8 No gh 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo	/, line 19, or reporte (c) Other gaming Yes 8	22,485 d more than (d) Total gaming (add column (a)

h If Was ' avalain:	censes revoked, suspended or terminated during th	
BAA	TEEA3702 06/26/13	Schedule G (Form 990 or 990-EZ) 2013

cne	redule G (Form 990 or 990-EZ) 2013 EAST VALLEY FIREFIGHTER CHARITIES FOUNDATION, INC. 20-5187068	Page 3
11	Does the organization operate gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	No
	Indicate the percentage of gaming activity operated in:	
	a The organization's facility	- 8
	b An outside facility	ૠ
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name •	
	Address •	
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	No
Ł	b If 'Yes,' enter the amount of gaming revenue received by the organization	
	of gaming revenue retained by the third party	
•	c If 'Yes,' enter name and address of the third party:	
	Name ►	 - ₁
	Address	
16	Gaming manager information:	
	Name •	
	Gaming manager compensation ► \$	
	Director/officer Employee Independent contractor	
17	•	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
l	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
_	organization's own exempt activities during the tax year \$\ \bigs\\$ \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v),	
<u>ra</u>	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
	mornidaer (SSS medesione).	
BAA	TEEA3703 06/26/13 Schedule G (Form 990 or 990-E	Z) 2013

BAA

SCHEDULE 0 (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.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

	Employer Identification number
EAST VALLEY FIREFIGHTER CHARITIES FOUNDATION, INC.	20-5187068
	
	
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		0 or 990-EZ), Supplemental Information to Fo	orm 990 or 990-EZ			
Other expenses (desc	cribe in Schedule O)				
	•	CREDIT CARD FEES	1 225			
MEALS & ENTE			1,335.			
	ERIA	AINMENT.	1,270.			
INSURANCE			944.			
OFFICE EXPEN	NSE		898.			
SUPPLIES			2,065.			
MISCELLANEOU			1,175.			
VOLUNTEER CO	OSTS	<u> </u>	884.			
Total		=	<u>8,571.</u>			
		0 or 990-EZ), Supplemental Information to Fo	orm 990 or 990-EZ			
Purpose of Paym	ent	GENERAL ASSISTANCE				
		Grantee's Name and Address	Grantee's	Amount Given		
Class of Activity	у	Grantee's Name and Address	Relationship	Amount Given		
ASSISTANCE		BusinessX Person 100 CLUB 5033 N. 19TH AVE #123	NONE	_		
	<u> </u>	PHOENIX AZ 85015		5,000.		
						
	operl	cash was given, the following additional infon	mation needs to be prov	/ided: 		
Book Value		How Book Value Determined				
FMV	How FMV Determined					
Purpose of Paym	ent	GENERAL ASSISTANCE				
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given		
ASSISTANCE		BusinessX Person ARIZONA BURN FOUNDATION 333 E. VIRGINIA AVE, SUITE 204	NONE	_		
		PHOENIX AZ 85004		27,000.		
	oper	cash was given, the following additional infon	mation needs to be prov	vided:		
	 [Data maior at			
Book Value	How Book Value Determined					
FMV	How FMV Determined					

Book Value

FMV

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Purpose of Payment GENERAL ASSISTANCE Grantee's **Grantee's Name and Address** Relationship **Amount Given** Class of Activity Business X Person BOOTS FOR OUR TROOPS NONE ASSISTANCE PO BOX 4402 AZ 85616 5,000. HUACHUCA CITY If property other than cash was given, the following additional information needs to be provided: Description of Property. Date of Gift _ How Book Value Determined **Book Value** How FMV Determined **FMV** Purpose of Payment GENERAL ASSISTANCE Grantee's Relationship **Amount Given** Grantee's Name and Address Class of Activity Business X Person NONE ASSISTANCE MDA 4500 S. LAKESHORE DR #250 AZ 85282 11,642. TEMPE If property other than cash was given, the following additional information needs to be provided: Description of Property . _ Date of Gift _ **How Book Value Determined Book Value FMV** How FMV Determined Purpose of Payment GENERAL ASSISTANCE Grantee's Relationship **Amount Given** Grantee's Name and Address Class of Activity Business . . . | X | Person | UNITED PHOENIX FIREFIGHTER ASSN NONE **ASSISTANCE** 61 E. COLUMBUS AVE #100 10,000. PHOENIX AZ 85012 If property other than cash was given, the following additional information needs to be provided: Description of Property . _ Date of Gift

How Book Value Determined

How FMV Determined

•	n 990 or 990-EZ), Supplemental Information to l rt I, Line 10 Grants and Similar Amounts Pai		Continu
Purpose of Paym	ent GENERAL ASSISTANCE		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
ASSISTANCE	Business Person VARIOUS-UNDER \$5,000 EACH	NONE	_
			30,584.
Description of Pro	nan cash was given, the following additional info perty .	•	vided:
Book Value	How Book Value Determined		
	How FMV Determined		

	(Rev 1-2014) EAST VALLEY FIREFIGHT	-			Page 2
-	re filing for an Additional (Not Automatic) 3-Month I		•		· · · · 🟲 🔀
-	complete Part II if you have already been granted an			iled Form 8868.	
	re filing for an Automatic 3-Month Extension, comp				
Partill ***	Additional (Not Automatic) 3-Month E	xtension (of Time. Only file the origina	al (no copies needed).	
			Enter filer	's identifying number, see	instructions
	Name of exempt organization or other filer, see instructions			Employer identification number (I	EIN) or
Type or					
print	Number, street, and room or suite number. If a P O box, see instruct		IDATION, INC.	20-5187068 Social security number (SSN)	
File by the	Number, Sueet, and room of Suite Multiper. If a P O DOX, See his public	10113.		Coda Socialy Hamber (Corty	
extended due date for					
filing your return See	PO BOX 5954 City, town or post office, state, and ZIP code. For a foreign address,	see Instructions			
instructions.					
	MESA	AZ 85	211-0848		
Enter the R	Return code for the return that this application is for (fil	e a separate	application for each return)		01
					<u> </u>
Application Is For	n	Return Code	Application is For		Return Code
Form 990 c	or Form 990-EZ	01		· · · · · · · · · · · · · · · · · · ·	
Form 990-l	BL	02	Form 1041-A		08
Form 4720	(ındividual)	03	Form 4720 (other than individual))	09
Form 990-F	PF	04	Form 5227		10
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
STOP! Do	not complete Part II if you were not already grante	ed an autom	atic 3-month extension on a pre	viously filed Form 8868.	
If this is whole ground	oks are in care of DEBBIE DANA one No (480) 205-8863 rganization does not have an office or place of busine s for a Group Return, enter the organization's four digitary, check this box	iss in the Uni it Group Exe	nted States, check this box mption Number (GEN)		is for the
4 I ren	uest an additional 3-month extension of time until	Nov. 17	20 14		
•	calendar year 2013 , or other tax year beginning	NOV 17	, 20 <u>1</u> <u>4</u> . , 20 , and ending	20	
	-				- - ·
	tax year entered in line 5 is for less than 12 months, on the control of the cont	CHECK TEASOL	n: Initial return	Final return	
	e in detail why you need the extension <u>THE</u> OF			ING	-
_	TORMATION NECESSARY TO COMPLETE DER TO PREPARE AN ACCURATE RETUR		DUNTING RECORDS, IN _		
8 a If this	application is for Forms 990-BL, 990-PF, 990-T, 472 efundable credits. See instructions	0, or 6069, e	enter the tentative tax, less any	8a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868			8 b \$	0.	
C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.				0.	
<u></u>			st be completed for Part II	· · · · · · · · · · · · · · · · · · ·	
Under penaltie correct, and co	is of penuly. I declare that I have examined this form, including accompanied and that I am authorized to plepare this form.		•	•	
Signature >	hung / hite >	CPA		Date ► 08/1	3/14
BAA	9	FIFZ0502	12/31/13	Form 8868 (f	