

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

EXTENSION GRANTED TO NOVEMBER 15, 2014

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

Open to Public Inspection

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.

and ending Α For the 2013 calendar year, or tax year beginning Check if applicable В D Employer identification number C Name of organization Address change 20-5686356 CDF FIREFIGHTERS' BENEVOLENT FOUNDATION Name change Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 1731 J STREET, SUITE 100 (916) 609-8700 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return SACRAMENTO CA 95811-3022 Number > Application pending X Cash Accrual H Check ▶ ____if the organization is not Accounting Method Other (specify) required to attach Schedule B Website: ► N/A Tax-exempt status (check only one) - \times 501(c)(3) 501(c)) **◄**(insert no) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). Form of organization: X Corporation Trust Association Add lines 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, 171,670. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 141,491. Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts Membership dues and assessments 3 3 SEE SCHEDULE O 4,079. 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 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) 50 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contidue in sex caeds \$15,000) 26,100 6h 17,503 6c Less: direct expenses from gaming and fundraising events Net income of (4ss) from gaming and fundraising vents (add lines 6a and 6b and subtract line 6c) 8,597. 6đ Gross sales of pyentors, less returns and allowance 7a 7 a 7b Less: cost of poods sold Gross profit or (loss) from lanes of hiventory (Subtract line 7b from line 7a) 7с C 8 Other revenue (describ 9 <u>154,167.</u> Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 SEE SCHEDULE O 35,311. Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12 2,312. Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 37,053. Other expenses (describe in Schedule O) SEE SCHEDULE O 16 16 74,676. Total expenses. Add lines 10 through 16 17 79,491. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 351,076. (must agree with end-of-year figure reported on prior year's return) 19 20 0. Other changes in net assets or fund balances (explain in Schedule O) 430,567. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Form 990-EZ (2013) LHA For Paperwork Reduction Act Notice, see the separate instructions

332171 11-25-13

orn	1990-EZ (2013) CDF FIREFIGHTERS' BENEVOL	ENT FOUNDAT	rion 2	10 <u>-56</u> 863	56 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)				
	Check if the organization used Schedule O to res	spond to any que	stion in this Part II		\mathbf{x}
			(A) Beginning of year	(B) 8	nd of year
22	Cash, savings, and investments		351,076.	22	553,225.
23	Land and buildings			23	
24	Other assets (describe in Schedule 0) SEE SCHEDULE O) T	0.		122,658.
25	Total assets	·	351,076.		430,567.
26	Total liabilities (describe in Schedule 0)		0.	26	0.
27	•		351,076.		430,567.
	art III Statement of Program Service Accomplishmen	nts (see the instri		·	genses
	Check if the organization used Schedule O to res	•	•		for section
A/ho	t is the organization's primary exempt purpose? SEE SCHEDULE O		suomin unis i art init	501(c)(3)	and 501(c)(4)
					ons and section) trusts; optional
	ribe the organization's program service accomplishments for each of its three largest program ier, describe the services provided, the number of persons benefited, and other relevant inform		penses in a clear and concise	for others	
			DOCTON		
	SUPPORT FOR FAMILIES OF FIREFIGHTER				
	PERSONNEL IN THEIR TIME OF FINANCIA				
	ALONG WITH ASSISTANCE TO BURN VICTI		IR FAMILIES.	- -\[D.4. CD.C
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	28a	74,676.
29					
				_	
			···		
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	29a	
30					
				_	
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	30a	
	Other program services (describe in Schedule O)		r		
	(Grants \$) If this amount includes foreign of	rants, check here	<u></u>	31a	
	Total program service expenses (add lines 28a through 31a)			32	<u>74,676.</u>
Pa	art IV List of Officers, Directors, Trustees, and Key E			ee the instructions (or Part IV)
	Check if the organization used Schedule O to res	pond to any que	stion in this Part IV	***	
		(b) Average hours		d) Health benefits	(e) Estimated
	(a) Name and title	per week devoted to	1 W-2/1000-MISC) 1	contributions to employee benefit	amount of other
		position	(if not paid, enter -0-)	lans, and deferred compensation	compensation
AR	THUR SMITH				
TR	EASURER	1.00	0.	0.	0.
TO	M MCCONNEL				
	CRETARY/DIRECTOR	1.00	0.	0.	0.
	EVE HARTMAN				
	RECTOR	1.00	0.	0.	0.
	KE RAMIREZ				
	RECTOR	1.00	0.	0.	0.
	VIN O'MEARA				
		4	- 1	•	_
<u> </u>	LEE EXECUTIVE OFFICER	1.00	0.1	0.	1 11.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	0.
	IEF EXECUTIVE OFFICER	1.00	0.	<u> </u>	<u> </u>
	IEF EXECUTIVE OFFICER	1.00	0.	0.	0.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	0.
	TEF EXECUTIVE OFFICER	1.00	0.	0.	0.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	0.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	0.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	0.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	U.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	U.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	0.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	U.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	U.
	IEF EXECUTIVE OFFICER	1.00	0.	0.	U.

Pa	art V Other Information (Note the Schedule A and personal benefit contract statement require instructions for Part V) Check if the organization used Sch. O to respond to any question			X
			Yes	
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 O	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		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 rep	orted		
	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/	Α
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			
	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	0.		ĺ
	Did the organization file Form 1120-POL for this year?	37b		X
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	\vdash	Х
	of f"Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
	Section 501(c)(7) organizations Enter		ĺ	
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities Section 504(a)(2) assessment and a section of the assessment of the			
4U a	section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0			
	section 4911 ►	<u>-</u>		
U	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	40b		x
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	700		- 21
٠	or disqualified persons during the year under sections 4912, 4955, and 4958	0.	[]	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
_	organization	0.		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed CA			
42 a	The organization's books are in care of \blacktriangleright ART SMITH Telephone no. \blacktriangleright 916	-609-8	700	
	Located at ► 1731 J STREET, STE 100, SACRAMENTO, CA ZIP+4	▶ <u>9581</u>	4	
b	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		Yes	No
	account)?	42b	\longrightarrow	_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	Щ	X
	If "Yes," enter the name of the foreign country:			\Box
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	NT / 7	-	لـــا
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
442	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		103	110
774	Form 990-EZ	44a	1	Х
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		Х
c	: Did the organization receive any payments for indoor tanning services during the year?	44c		X
	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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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		
		Form 9	90-EZ ((2013)

Form 990-EZ (2013) CDF FIREFIGHTERS' BENEVOLENT FOUNDATION

20-5686356 Page 3

-OIIII 990-EZ (2	CDF FIREFIGHTERS' B	ENEVOLENT	FOUNDAT.	ION	20-5686		Yes	age
46 Did the oi	rgañization engage, directly or indirectly, in political camp	oaign activities on bi	ehalf of or in oppos	ition to candidates for oi	iblic office?		162	140
	omplete Schedule C, Part I					46		X
Part VI	Section 501(c)(3) organizations only							
	All section 501(c)(3) organizations must answer qu	uestions 47-49b a	nd 52, and comp	lete the tables for line	s 50 and 51			
	Check if the organization used Schedule O to resp	ond to any quest	tion in this Part V	<u> </u>				
					r		Yes	No
	rganization engage in lobbying activities or have a section	` '	•	x year? If "Yes," complete	e Sch. C, Part II	47		X
-	panization a school as described in section $170(b)(1)(A)($				-	48		X
	rganization make any transfers to an exempt non-charita	ble related organizat	ion?			49a		X
•	vas the related organization a section 527 organization?				l	49b		
	this table for the organization's five highest compensate		than officers, direc	tors, trustees and key er	npioyees) who ea	acn rec	eivea i	nore
than \$ 100	0,000 of compensation from the organization. If there is (a) Name and title of each employee		b) Average hours	(0) 0	(d) Health benefits	(0)	Eatim	otod
	(a) Name and title of each employee		er week devoted to	(C) Reportable compensation (Forms	contributions to employee benefit	2000	Estim unt of	
	NONE		position	W-2/1099-MISC)	plans, and deferred		npensa	
	HONE				compensation			
						+-	-	
				1				
								-
				ŀ				
			 .			1		
f Total nun	nber of other employees paid over \$100,000		>					
51 Complete	e this table for the organization's five highest compensate	d independent conti	ractors who each re	eceived more than \$100,	000 of compensa	ation fro	om the	
organizat	ion. If there is none, enter "None." NONE							
(a) N	Name and business address of each independent contrac	tor		(b) Type of service	(c) (Comper	rsation	1
							·	
					ł			
					ļ			
			-					
d Total nun	nber of other independent contractors each receiving over		I.					
	rganization complete Schedule A? Note. All section 501(•	and 4947(a)(1) non					
	e trusts must attach a completed-Schedule A	o)(o) organizations (3110 4547 (0)(1) 11011	icxompt	▶ □	X Yes	. $ abla$	
Under penalties of pre	of perjury, I declare that I have examined this return, including accor	npanying schedules and	statements, and to th	e best of my knowledge and	belief, it is true, cor	rect, and	compl	ete
Secial attort of pre	para (officer) paragraph of an information of which because	e as any knowledge						
Sign 🔽	Signature of officer				Date			-
Here	HETHERE SMI	TH 6	FO		7-22	-/-	4	
	Type or print name and title				<u> </u>			
	Print/Type preparer's name Preparer	's signature	Date	Check	ıf PTIN			
Paid	nn	11/1	7/1.	/ self- employ	yed			
	MICHAEL V. GIBSON	Mail 1	Witon 1/1	19/14	P00:	1740	78	
Preparer	Firm's name GIBSON & COMPANY	, INC. CP	A	Firm's EIN	▶ 94-27			
Use Only	Firm's address ► 4600 NORTHGATE			Phone no.	(916)48			2
	SACRAMENTO, CA	•		<u> </u>	, /			
May the IRS dis	scuss this return with the preparer shown above? See in				D [3	Yes	. [No
,				· · · · ·		orm 99		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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

2013

Open to Public Inspection

Employer identification number

		CDF	FIREF:	IGHTERS'	BENEVO	LENT	FOUND	ATION	r l	2	0-568635	6_
Part I	Reason f	for Public C	Charity S	Status (All organ	ızatıons mu	st comple	te this part	t) See inst	tructions			
he organ	zation is not a	private founda	ation beca	use it is (For lines	1 through	11, check	only one b	ox)				
1	A church, cor	nvention of chu	urches, or	association of chu	irches desc	ribed in se	ection 170	(b)(1)(A)(i)).			
2 🖳	A school desc	cribed in secti	on 170(b)(1)(A)(ii). (Attach S	chedule E)							
з 🖳	A hospital or	a cooperative l	hospital se	ervice organization	described	n section	170(b)(1)	(A)(iii).				
4 🔲	A medical res	earch organiza	ation opera	ated in conjunction	n with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(iı	ı). Enter	the hospital's na	ame,
	city, and state											
5 🔲	_	•		fit of a college or u	university o	wned or o	perated by	a govern	mental uni	t describ	ed in	
		(b)(1)(A)(iv). (C										
6				or governmental ur								
7 [X]	-		•	a substantial par	t of its supp	ort from a	governme	ental unit c	or from the	general	public described	d in
	•	b)(1)(A)(vi). (Co	-									
8	=			on 170(b)(1)(A)(vi)						_		
9 📖	-		-	(1) more than 33							-	
			•	ns - subject to cer	•						•	
				le income (less sed	ction 511 ta	ix) irom bu	isinesses a	acquirea a	y the orga	nization	aπer June 30, 13	9/5
10 🔲		509(a)(2). (Con		cini) ed exclusively to t	act for publ	ic cafety S	Saa saatia	n 500/a)//	41			
11	-	-		ed exclusively for		=			-	v out the	nurnoses of one	e or
	Ü	3	•	s described in sec						•	•	
	, ,	• • •	_	nization and comp		•		.,	, , , , , , , , , , , , , , , , , , ,	<u> </u>	oon and som and	•
	a Type I		Type II		Type III - Fu	-		c	qyT 🔲 t	e III - No	n-functionally int	egrated
е 🗀			• • •	organization is no	•	=	-				=	_
			•	one or more public			•	•		-	•	
f	If the organiza	ation received	a written o	determination from	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III			•
	supporting or	ganization, ch	eck this bo	ox								
g	Since August	17, 2006, has	the organ	ization accepted a	any gift or c	ontribution	n from any	of the foll	owing pers	sons?		
	(ı) A persor	n who directly	or indirect	ly controls, either a	alone or tog	ether with	persons o	lescribed	ın (ıı) and (ııı) below	, Yes	s No
	the gove	erning body of	the suppo	rted organization?	•						11g(i)	
	(II) A family	member of a p	oerson des	cribed in (i) above	?						11g(ii)	
	(iii) A 35% c	controlled entit	y of a pers	ion described in (i)	or (II) abov	e?					11g(iii)	
h	Provide the fo	ollowing inform	nation abou	ut the supported o	rganization	(s)						
												
(i) Name	of supported	(ii) EIN		Type of organization		organization sted in your	(v) Did you		(vi) Is organization	on in col.	(vii) Amount of m	onetary
orga	ınızatıon			scribed on lines 1-9 love or IRC section		document?			(i) organiz U.S	ed in the	support	
				see instructions))	Vec	No	<u> </u>	No	Yes	No		
				· · · · · · · · · · · · · · · · · · ·	163	110	103	110	163	110		
			ŀ						İ			
					 	 			 			
							ļ					
				-					<u> </u>			
			ľ				}	-		-		
	 -				ļ							
								1				
Total					<u> </u>	L	<u> </u>	L	<u> </u>	l		
HA For E	anerwork Re	duction Act N	Intica cac	the Instructions	for				Schedul	e A (For	m 990 or 990-F	7) 2013

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013 CDF FIREFIGHTERS' BENEVOLENT FOUNDATION 20-5686356 Page 2

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)

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning 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 ")	29,838.	64,536.	62,225.	28,976.	141,491.	327,066.
2	Tax revenues levied for the organ-				-		
	ization's benefit and either paid to						
	or expended on its behalf	İ					
3	The value of services or facilities		-				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	29,838.	64,536.	62,225.	28,976.	141,491.	327,066.
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)						
6	Public support. Subtract line 5 from line 4						327,066.
	ction B. Total Support			· ·	· .	<u> </u>	32770001
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	29,838.	64,536.	62,225.	28,976.	141,491.	327,066.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,543.	1,317.	4,852.	4,130.	4,079.	17,921.
9	Net income from unrelated business	0,000			1,1000	2,0,3,	11,501.
Ū	activities, whether or not the						
	business is regularly carried on			1			
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						344,987.
	Gross receipts from related activities,	etc (see instruction		I.		12	<u> </u>
	First five years. If the Form 990 is for	•	•	fourth or fifth to	v voar as a soctio		
10	organization, check this box and stor	-	mst, second, triire	z, lourin, or manta.	A year as a section	11 30 1(0)(3)	
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2013 (I			olumo (fl)		14	94.81 %
	Public support percentage from 2012					15	95.48 %
	33 1/3% support test - 2013. If the c			line 13 and line 1	ا 4 یه ۲۶ 1/3% or m	 -	
	stop here. The organization qualifies				110 00 17070 01 11	ioro, oricon trilo bo	►X
b	33 1/3% support test - 2012. If the c		•	ne 13 or 16a and	line 15 is 33 1/3%	or more, check th	
_	and stop here. The organization qual					or more, encertar	▶ □
172	10% -facts-and-circumstances tes	•			13 16a or 16b a	and line 14 is 10%	or more
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"					v now the organ	▶ □
	10% -facts-and-circumstances tes	_	•		•	I7a and line 15 is 1	-
	more, and if the organization meets th	-				•	1070 UI
	organization meets the "facts-and-circ						_
18	Private foundation. If the organization						
		did flot dileck a t	55% Offinie 15, 10a	, .oo, 17a, 01 17b		dule A (Form 990	

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)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						I
include any "unusual grants ")						ı
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$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)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	L]		<u> </u>	
14 First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						▶□_
Section C. Computation of Publ						
15 Public support percentage for 2013 (I		• •	column (f))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from :	2012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the	=					7 is not
more than 33 1/3%, check this box a	-	_ :				▶□
b 33 1/3% support tests - 2012. If the						and
line 18 is not more than 33 1/3%, che			•		•	▶∟
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check the	his box and see in	structions	▶∟_

Alsò complet	e this part for any ad	ditional informati	ion (See instru	ctions)			Part III, line 12
•							
							
						· · · · · · · · · · · · · · · · · · ·	
					··		
							
				_			
							
-							
							_
					-		

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ.

Open To Public

	bout Schedule G (Form 990 or 990-EZ)	and its	ınstru	ctions is at www irs.	3047701111 5500.	nspection
Name of the organization						ntification number
	<u>EFIGHTERS' BENEVOL</u>				20-5686	
Part I Fundraising Activities required to complete this par	Complete if the organization answet	ered "Y	'es" to	Form 990, Part IV, I	ne 17 Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities	Check all that apply		
a Mail solicitations	[_	overnment grants		
b Internet and email solicitations	s f Solicita	tion of	gover	nment grants		
c Phone solicitations	g L Special	fundra	aising	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(ınclud	dıng o	fficers, directors, tru	stees or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	fundraising services?	Yes	No No
b If "Yes," list the ten highest paid indi	ividuals or entities (fundraisers) purs	uant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	organization					
		(iii)	Did		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	fundr	aiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(.,, , , ,	or con	itrol of	from activity	fundraiser listed in col (i)	organization
		 	Γ			
		Yes	No			
		<u> </u>	ļ			
		<u> </u>				
		<u> </u>				
		ļ				
		L	<u> </u>			
Total			>			
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
or licensing						
		_				
						
						<u> </u>
					-	
						
						
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-1		chedule G (Form 9	90 or 990-EZ) 2013

332081 09-12-13

Sch P a	edu art l		e organization answered	d "Yes" to Form 990, Pa	rt IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gre	oss income on Form 990	EZ, lines 1 and 6b List	events with gross receip	ots greater than \$5,000
		•	(a) Event #1 GOLF	(b) Event #2	(c) Other events NONE	(d) Total events
			TOURNAMENT		NONE	(add col (a) through
	ŀ		(event type)	(event type)	(total number)	col (c))
ne	ŀ		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	26,100.			26,100.
	2	Less Contributions	-			
	3	Gross income (line 1 minus line 2)	26,100.			26,100.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	2,400.			2,400.
irect E	7	Food and beverages	10,068.			10,068.
ب	۰	Entertainment				
	8		5,035.			F 02F
	9	Other direct expenses			L	5,035.
	1	Direct expense summary Add lines 4 through Net income summary Subtract line 10 from li	• •		>	17,503.
De	8,597.					
Fe	ırt l	· · ·	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
	ı .	\$15,000 on Form 990-EZ, line 6a	<u></u>		T	
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4, 590	bingo/progressive bingo	(o) outor garming	col (a) through col (c))
ě						
ш.	1	Gross revenue				
			-			
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs	<u>. </u>			
_						
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Add lines 2 through	ı 5 ın column (d)		>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		•	
				<u>-</u>		<u> </u>
9	Ent	er the state(s) in which the organization operat	tes damina activities:			
		,,	· · · _			
		he organization licensed to operate gaming ac		states /		└── Yes └── No
D	11	No," explain		 _	 	
	_			·		1100
	_			 		
		re any of the organization's gaming licenses re	•	•	year [?] .	Yes No
b	lf "	Yes," explain				
	_					
33208	32 09	-12-13			Schedule G (For	m 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990 EZ) 2013 CDF FIREFIGHTERS' BENEVOLENT FOUNDATION 20-	<u>5686356</u>	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	☐ 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
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party		
	Name		
	Address	·····	
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	ines 9, 9b, 10	0b, 15b,
			_ _
	······································		
		•	

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.

DMB No 1545-0047

Open to Public 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 Inspection Name of the organization Employer identification number

CDF FIREFIGHTERS' BENEVOLENT FOUNDATION		5686356
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION OF PROPERTY:		AMOUNT:
INTEREST INCOME		4,079.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:		
ACTIVITY CLASSIFICATION: FAMILY ASST FINANCIAL NEED & HA		11
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:	••••	35,311.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
CONTRIBUTIONS		13,000.
TAXES & LICENSES / SUPPLIES		294.
HONOR GUARD ACTIVITIES		23,759.
TOTAL TO FORM 990-EZ, LINE 16		37,053.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION BEG. OF	YEAR	END OF YEAR
CASH RESERVED FOR LAWSUIT PAYOUT	0.	-122,658.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THIS PUBLIC BENEFIT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

16

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047 Open to Public

Inspection Employer identification number

CDF FIREFIGHTERS' BENEVOLENT FOUNDATION	20-5686356
CORPORATION IS ORGANIZED EXCLUSIVELY TO ENGAGE IN LAWFUL	CHARITABLE AND
EDUCATIONAL ACTIVITIES SUPPORTING THE FAMILIES OF FIREFIG	HTERS AND
OTHER FIREFIGHTING SUPPRESSION PERSONNEL IN TIMES OF FINAL	NCIAL NEED OR
HARDSHIP: ASSIST BURN VICTIMS AND THEIR FAMILIES AND SUPPO	ORT RESEARCH
AND STUDIES ON OCCUPATION HAZARDS AND EXPOSURES UNIQUE TO	FIREFIGHTING
WITHIN THE MEANING OF IRC SECTION 501(C)(3) OR THE CORRES	PONDING
PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW	W
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF:	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	· · · · · · · · · · · · · · · · · · ·