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For Paperwork Reduction Act Notice, see the separate instructions.

Form	3	4	u

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0047

Open to Public

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2013 calendar year, or tax year beginning January 1 , 2013, and ending December 31 , 20 B Check if applicable: C Name of organization San Diego Regional Fire & Emergency Services Foundation D Employer identified	spection
B Check if applicable: C Name of organization San Diego Regional Fire & Emergency Services Foundation D Employer identific	13
	ation number
Address change Doing Business As 330386	687
Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number	
O total many diseases.	1240
Terminated 2508 Historic Decatur Rd City or town, state or province, country, and ZIP or foreign postal code	1340
	265.545
2508 Historic Decatur Rd., Suite 200, San Diego, CA 92106-6138 H(b) Are all subordinates included?	
1 Tax-exempt status.	istructions)
J Website: ► www.sdfirefoundation.org H(c) Group exemption number ►	
K Form of organization: ✓ Corporation Trust Association Other L Year of formation 1989 M State of legal do	micile CA
Part I Summary	
1 Briefly describe the organization's mission or most significant activities: Improve the system of fire & emergen	cv services in
facilitate multi-juridicational coordination & cooperation; and increase public awareness of fire issues.	#1W-14/1
San Diego County by providing fire & medical equipment and training: educate citizens about fire safety & prepare facilitate multi-juridicational coordination & cooperation; and increase public awareness of fire issues. Check this box > if the organization discontinued its operations or disposed of more than 25% of its net as Number of voting members of the governing body (Part VI, line 1a)	ssets.
3 Number of voting members of the governing body (Part VI, line 1a)	
4 Number of independent voting members of the governing body (Part VI, line 1b) 4	5
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	0
Number of independent voting members of the governing body (Part VI, line 1b)	5
To rotal dividates becomes to rotate well at this beautiful (5), and 12	0
b Net unrelated business taxable income from Form 990-T, line 34	0
Prior Year Cu	rrent Year
8 Contributions and grants (Part VIII, line 1h)	265.430
9 Program service revenue (Part VIII, line 2g)	0
9 Program service revenue (Part VIII, line 2g)	115
11 Other revenue (Part VIII column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
Total rayonus (riddy ros 8 through 11 Must equal Part VIII column (A) line 12)	
42 Create and Similar amounts notify (Partity Poplums (A) lines 1 2)	265.545
44 Panatita matches on 1942 and on 1960 and Nachaluma (A) line (A)	190.897
	Q
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 5 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11e, 11d, 11f, 24e)	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	130.979
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 392.359	321.876
40 Devenue less companses Collèbrat line 40 from line 40	(56.331)
	d of Year
20 Total assets (Part X, line 16)	40.346
21 Total liabilities (Part X line 26)	40.340
22 Net assets or fund balances. Subtract line 21 from line 20	
30.077	40.346
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 392 359 19 Revenue less expenses. Subtract line 18 from line 12	3 (ind of Year



Cat. No. 11282Y

Form **990** (2013)



orm 99	0 (2013) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To strenghten the system of fire and emergency services in San Diego County. The Foundation seeks strong & effective emergency
	services to provide quality fire protection and emergency services throughout the County: to give fire and emergency services.
	providers access to basic equipment, training and training materials; to facilitate multi-jurisdictional coordination and cooperation:
2	and to educate citizens about fire preparedness & safety precautions they can take and about the system of fire & emergency services Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	To provide the basic fire and medical equipment and training needed by firefighters the Fire Foundation conducts an annual grant.
	program involving all 30 volunteer fire stations in San Diego County. These fire stations are first responders protecting over 60% of
	San Diego County. They respond to about 6.000 emergencies annaulty, about 5.000 of which are medical/rescue calls. To prevent
	the major wildfires of 2003 and 2007, these departments must have the necessary equipment and training to respond quickly and
	effectively extinguish fires while they are small, in spite of the strong winds, heavy fuel and steep rough terrain in San Diego County Medical equipment and training is critical as all volunteer firefighters are EWTs and generally will arrive and treat patients for 15 to 60.
	minutes before an ambulance or other medical assistance can arrive on the scene in many rural parts of the County. The medical
	care provided in the field by these firefighters is critical for the survivability of some patients and for the speed and degree of recovery for other patients.
4b	(Code:) (Expenses \$ 50,253 including grants of \$) (Revenue \$)
	After the devasting wildfires of 2003 and 2007, the County of San Diego engaged the services of an independent consultant to study
	fire services in San Diego County. The consultant's recommendations included having the Fire Foundation take the lead in increasing
	public awareness about the system of fire protection and what responsibilities individual citizens have in fire prevention and
	preparedness. This awareness is critical given the high loss of lives and properties in these two major fire storms. The Fire Foundation has created a web site with information about fire protection and preparedness and safety precautions individuals can
	take personally. The Fire Foundation was featured on television with local fire departments explaining the fire protection system in
	San Diego County and providing safety tips to minimize the chance of fires and what steps to take if a fire were to occur.
4c	(Code:) (Expenses \$ 9,995 including grants of \$) (Revenue \$)
	To effectively assess the long-term equipment needs of San Diego County's 30 fire stations with volunteer firefighters and in
	response the County's outside consultant recommendation, the Fire Foundation commenced a needs assessment of all fire
	apparatus, fire equipment, medical equipment and fire stations needs for the next five years. This study will be used by the County
	and the Fire Foundation of determing the highest needs to be address first, determine where quantity our chases can reduce the cost. of equipment acquisition, and to communicate to the public what these needs are and where their financial donations can make a
	significant difference in the quality of fire prevention and suppression. In addition, the County is working on improving the
	communication systems in the County for all emergency service providers. The Fire Foundation is working with the County to help
	fund this effort. Which included curchasing an aerial camera system mounted on an airplane which provides a live video stream of
	fire activity in an area taken through smoke. This will better enable the safe and effective cositioning of ground firefighting resources.
	as. well as aerial firefighting resouces.
40	Other program services (Describe in Schedule O.)
48	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▷ 262.517
~~	Total program service expenses > 262 517

Part l	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	j	١.	
_	complete Schedule A	1	/	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	1	<u> </u>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			1
•	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>·</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>·</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>,</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>`</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		*
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		For	n 990	(2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI </i>	97		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37 38	1	
		For	n 990	(2013)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4.			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 35		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
r -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		√
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		√
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		1	Ì
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		ļ	
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		ļ	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	<u> </u>
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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI	s in Schedule O. S	ee ins	truct	
Secti	on A. Governing Body and Management	<u> </u>	• •	•	<u>. [.]</u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				1
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business in any other officer director, trustee, or key employee?	1b 5 elationship with			
3	any other officer, director, trustee, or key employee?	under the direct	2		<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		1
4	Did the organization make any significant changes to its governing documents since the pnor Form 99		4	_	1
5	Did the organization become aware during the year of a significant diversion of the organization by the organization have members or stockholders?		5 6		1
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?	by) members,	7b		1
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:				
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C		
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a 10b		/
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	1	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	IIa	·	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	1	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done	oolicy? If "Yes,"	12c	✓	
13	Did the organization have a written whistleblower policy?		13	✓	
14	•	· · · · · ·	14	✓_	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
a	The organization's CEO, Executive Director, or top management official		15a		1
b	Other officers or key employees of the organization		15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simi with a taxable entity during the year?	_	40.		ļ.,
.	If "Yes," did the organization follow a written policy or procedure requiring the organization		16a		/
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	o safeguard the	16b		
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ► California Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	nd 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume		erest	policy	, and
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the be	ooks and records	of the	;	
	organization: Frank H. Ault. 2508 Historic Decatur Rd., Suite 200, San Diego, CA 92106-6138				

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Part VII	Compensation of Officers	Directors,	Trustees, K	(ey Employees,	Highest Co	mpensated	Employees,	and
	Independent Contractors							

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

✓ Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles er and	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)		other compensation from the organization and related organizations
(1) Frank H. Ault. Board Chairman	10	1		1				. 0	0	
(2) George Bailey, Board Member	2	1						0	0	0
(3) Tim Costanzo, Secretary/Treasurer	2	1		1					0	0
(4) Jerry Hollingsworth, Vice Chairman	2	/		1				0	0	0
(5) Dana Quittner, Board Member	2	1							0	
(6)									u	<u></u>
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										· · · · · · · · · · · · · · · · · · ·
(13)						·				
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (list any	box, office	Position (do not check more that box, unless person is be officer and a director/tro				an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	arr	(F) imated ount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	pensation om the inization related nizations	
(15)													
(16)									,	<u>. </u>			
(17)													
(18)					-						-		
(19)					-								
(20)													
(21)					-			_					
(22)								ļ	:				
(23)													·
(24)													
(25)											ļ		
1b c d	Sub-total					 		▶ ▶	0	0			
2	Total number of individuals (including but reportable compensation from the organi	not limited			list	ed	above	e) w	ho received me	ore than \$100,0	00 of	• •	
3	Did the organization list any former of employee on line 1a? If "Yes," complete							-	oloyee, or high	-	ed 3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1										1
5	Did any person listed on line 1a receive of for services rendered to the organization										ıal		
Section	on B. Independent Contractors									*			
1	Complete this table for your five highest compensation from the organization. Repyear.												ıx
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compen		
			<u> </u>					ļ					
		· · · · · ·							· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who			
	Tooched more than \$100,000 or compens	Janon Holl	116 O	yaı	IIZA				0		For	m 990	(2013)

Part	VIII	Statement of Rever						
		Check if Schedule O	contains a res	ponse or note to				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
atr atr	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	0				
AT (С	Fundraising events .		0				
utions, Gif her Similar	d	Related organizations		0				
ıs,	8	Government grants (cont		0				
er S	f	All other contributions, gif						
를 돌	ı	and similar amounts not incl		265.430				
on F	g	Noncash contributions include		0			Ì	1
	h	Total. Add lines 1a-1f	· · · · · · ·	Business Code	265.430			
and a	2a			Dusiness Code				ļ
3ev	b	***************************************						
8	C	************				···-		
erv	d	***************************************				·		
SE.	8							
Program Service Revenue	f	All other program serv						
Pr	g	Total. Add lines 2a-2f		>				
	3	Investment income (ends, interest,				
		and other similar amou	•	•	115			115
	4	Income from investment	•	*				
	5	Royalties	(i) Real					
Other Revenue	6-	C	(i) Neai	(ii) Fersonai				
	6a	Gross rents Less: rental expenses						
	b C	Rental income or (loss)						
	ď	Net rental income or (088)	•				
	7a	Gross amount from sales of	(i) Securities	(ii) Other			}	
		assets other than inventory						
	b	Less: cost or other basis and sales expenses .						
	С	Gain or (loss) [
	d	Net gain or (loss) .						
	8a	Gross income from fur events (not including \$ of contributions reporte						
F		See Part IV, line 18	a					
₹ .		Less: direct expenses						
		Net income or (loss) from		events . >		···-·	ļ	
	9a	Gross income from gar See Part IV, line 19 .					}	
				<u> </u>				
	b	Less: direct expenses Net income or (loss) from						
	10a	Gross sales of inv		vities P				
		returns and allowance						
	b	Less: cost of goods so						
	С	Net income or (loss) fr						
	44	Miscellaneous Re	venue	Business Code				
	11a							
	Ь						 	
	C d	All other revenue .						
	e	Total. Add lines 11a-1					 	1
	12	Total revenue. See in			265,545		T	115
		· · · · · · · · · · · · · · · · · · ·						Form 990 (2013)

	IX Statement of Functional Expenses	·			
Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	Il other organization	s must complete co	lumn (A).
\	Check if Schedule O contains a respon tinclude amounts reported on lines 6b, 7b,	se or note to any lir	ne in this Part IX .		<u> </u>
3b, 9b	, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			ł	
_	organizations in the United States. See Part IV, line 21	190.897	190.897		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
•	*				
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			· · · · · · · · · · · · · · · · · · ·	
11	Fees for services (non-employees):				
a	Management	98.502	52.699	40.263	5.540
b	Legal	2.650		2.650	
c d	Accounting				
e	Professional fundraising services. See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				· · · · · · · · · · · · · · · · · · ·
•	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	11.463	6.133	4.685	645
13	Office expenses				
14	Information technology	490			490
15	Royalties				
16	Occupancy	5.400	2.889	2.207	304
17	Travel			·····	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	 			
19 20	Conferences, conventions, and meetings . Interest	1899	1899	·	
21	Interest				
22	Depreciation, depletion, and amortization .				
23	Insurance	1.480		1,480	
24	Other expenses. Itemize expenses not covered	1.400		13100	
-	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	State Filing Fees	95		95	
b	Public Awareness	9.000	9.000		· · · · · · · · · · · · · · · · · · ·
C		ļ	· · · · · · · · · · · · · · · · · · ·		
d	All all our grant and an				
9 25	All other expenses Total functional expenses. Add lines 1 through 24e				
<u>25</u> 26	Joint costs. Complete this line only if the	321.876	263.517	51.380	6.979
20	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X **(B)** Beginning of year End of year Cash—non-interest-bearing 1 3.175 12.364 Savings and temporary cash investments 2 2 93,502 27.982 Pledges and grants receivable, net 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Assets 7 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b **b** Less: accumulated depreciation 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 . 12 12 13 Investments -- program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 96.677 40.346 17 Accounts payable and accrued expenses 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Net Assets or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds. 32 96.677 40.346 33 33 96.677 40.346 Total liabilities and net assets/fund balances . . . 34 96 677 40.346

Form 99) 20 (2013)			Ρε	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			55.545
2	Total expenses (must equal Part IX, column (A), line 25)	2			21.876
3	Revenue less expenses. Subtract line 2 from line 1	3			6.331)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			96.677
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			10.346
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other			A) E	41
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1	1 V 1	7.7
	Schedule O.		1 1 1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			'
	reviewed on a separate basis, consolidated basis, or both:			1	.
	Separate basis Consolidated basis Both consolidated and separate basis			4,1	,
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	. ,	13	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		L]
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın in		-	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name	of the organization							Employer i	i dentificat io	n number		
			NCY SERVICES FOUND							386687		
Par			rity Status (All orga						instruction	ons.		
1 2 3 4	☐ A church, con☐ A school desc☐ A hospital or a	vention of churc ribed in section a cooperative ho	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjun-	churches ch Sched ation des	s describe ule E.) cribed in	ed in sec section	tion 170 170(b)(1)	(b)(1)(A)((A)(iii).		Mii). Ente	er the	
•	hospital's nam	e, city, and stat	е:									
5		on operated for)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or un	versity o	wned or	operated	by a go	overnmen	tal unit o	describ	ed in
6 7	An organization	n that normally	nment or government receives a substantia ((A)(vi). (Complete Pai	al part of					nit or fror	m the ge	neral p	oublic
8	☐ A community	trust described i	n section 170(b)(1)(A)(vi). (Cor	npiete Pa	ert II.)						
9	receipts from support from	activities related	receives: (1) more that d to its exempt funct ont income and unre ofter June 30, 1975. So	ions—su lated bus	bject to d siness ta	certain e xable in	xceptions come (le	s, and (2 ss section) no mor	e than 3	31/3%	of its
10 11	An organization	on organized ar	I operated exclusively and operated exclusive plicly supported organ describes the type of	ely for th	e benefit describe	t of, to d in sect	perform ion 509(a	the func a)(1) or s	tions of, ection 50	9(a)(2). S		
e f g	other than fou or section 509 If the organize organization, o	ndation manage (a)(2). ation received a check this box 17, 2006, has t	II c Type II that the organization ers and other than one a written determination the organization accept	is not co e or more on from	ntrolled of publicly the IRS 1	lirectly or support	r indirecti ed organ a Type	ly by one uzations I, Type	described II, or Typ	disqualit d in secti	ied per on 509	rsons 3(a)(1)
			ndirectly controls, eithody of the supported					describe	ed in (ii) a	nd 11g(i	Yes	No
h	(ii) A family m (iii) A 35% cor	ember of a persentrolled entity of	on described in (i) abo a person described in ion about the support	ove? n (i) or (ii) :	 above? .					11g(i	0	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the c	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (I) organ	is the ation in col. sized in the .S.?	(vii) Amou s	int of mo	netary
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No	1		
(A)												
(B)												
(C)	- .											
(D)	· · · · · · · · · · · · · · · · · · ·											
(E)										 		
	 											

Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		<u>,</u>				
Calen	dar 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	İ
•	include any "unusual grants.")				ļ		
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	 	<u> </u>				
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		 	+ · · · · · · · · · · · · · · · · · · ·	<u> </u>		
5	The portion of total contributions by						
•	each person (other than a			-	1		
	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.			<u> </u>	<u> </u>		<u> </u>
	ion B. Total Support	(a) 2000	(b) 2010	(a) 2011	(d) 2012	(-) 2012	(A Total
7	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8	Gross income from interest, dividends,						
0	payments received on securities loans,		i				
	rents, royalties and income from similar		:				!
	sources		1				
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or		•				
	loss from the sale of capital assets	,					
	(Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(ego instructi	0000/	L	<u> </u>	40	<u> </u>
13	First five years. If the Form 990 is for the				or fifth tay v	12	n 501(c)(3)
,,,	organization, check this box and stop he					ca as a 500m	,,, 30 1(c)(o) ▶ □
Sect	ion C. Computation of Public Suppor		e				
14	Public support percentage for 2013 (line			11, column (f))		14	%
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test—2013. If the organi			•		•	
	box and stop here. The organization qua			_			
Ь	331/3% support test—2012. If the organ						
	check this box and stop here. The organ	•		• • • • • • • • • • • • • • • • • • • •	-		_
17a	10%-facts-and-circumstances test —20						
	10% or more, and if the organization me Part IV how the organization meets the "f						
	organization			•	•		
t.	10%-facts-and-circumstances test—2						
þ	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m						
	supported organization				_	•	, .
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	
	instructions						▶ □

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.)

	in the organization rails to quality	under the tes	sis listed beit	w, please co	impiete Part I	l.)	
	on A. Public Support				 	·	
	dar 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.")	357,114	269,209	179,627	457,203	265,430	1,528,583
2	Gross receipts from admissions, merchandise				Ì	i	
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					İ	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid					1	
	to or expended on its behalf				İ		
_	•						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	357,114	269,209	179,627	457,203	265,430	1,528,583
7a	Amounts included on lines 1, 2, and 3				•	ı	
	received from disqualified persons .	2,500	8,950	25,750	46,500	41,500	125,200
b	Amounts included on lines 2 and 3			•			
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000				i		
	or 1% of the amount on line 13 for the year]	I	ļ	
C	Add lines 7a and 7b	2,500	8,950	25,750	46,500	41,500	125,200
8	Public support (Subtract line 7c from					7,555	120/220
	line 6.)				ŀ	İ	1,403,383
Secti	on B. Total Support						171007000
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	257,114	269,209	179,627	457,203	265,430	1,528,583
10a	Gross income from interest, dividends,	207,111	200,200	1,0,02.	40.,200	200,400	1,020,000
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1,347	416	156	140	115	2 474
h	Unrelated business taxable income (less	1,547	410	130	140	113	2,174
	section 511 taxes) from businesses						
	acquired after June 30, 1975	ľ	j				
_	` }						
_	Add lines 10a and 10b	1,347	416	156	140	115	2,174
11	Net income from unrelated business			1		ļ	
	activities not included in line 10b, whether			1		Ì	
	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,		İ	i		i	
	and 12.) [358,461	269,625	179,783	457,343	265,545	1,530,757
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop her	· · · · ·			· · · · ·		<u> ▶ □</u>
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8	i, column (f) div	vided by line 13	3, column (f))		15	91.7 %
16	Public support percentage from 2012 Sch			<u> </u>	<u> </u>	16	95.7 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2013 (I	ine 10c, colum	n (f) divided by	/ line 13, colun	ın (f))	17	0.14 %
18	Investment income percentage from 2012					18	0.37 %
19a	331/3% support tests-2013. If the organi						, and line
	17 is not more than 331/2%, check this box						
b	331/3% support tests-2012. If the organiz					_	_
_	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization did					-	

Schedule A (F	Form 990 or 990-EZ) 2013	age 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions).	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SAN DIEGO REGIONAL FIRE & EMERGENCY SERVICES FOUNDATION	GENCY SERVICES	FOUNDATION					33-0386687
Part I General Information on Grants and Assista	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility for	or the grants or assistance	e, and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · · Ves
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	the use of grant fur	ds in the United	States.		
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Go	vernments and received more the	Organizations in lan \$5,000. Part I	n the United St	rates. Complete in ted if additional	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ered "Yes" to Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) De Luz Volunteer Fire Dept							
40020 Cathy Dr. Fallbrook, CA 92028	33-0810617	501c3	31,620				Grant to buy Equipment
(2) Elfin Forest Vol Fire Dept							
20223 Elfin Forest Rd, Escondido, CA	33-0004138	501c3	11,545				Grant to buy Equipment
(3) Intermountain Fire Rescue Dept							
Box 1362, Ramona, CA 92065	33-0307173	501c3	5,388				Grant to buy Equipment
(4) Julain/Cuyamaca Fire District							:
Box 33, Julian, CA 92036	33-0182440	501c3	13,836				Grant to buy Equipment
(5) Mt. Laguna Volunteer Fire Dept							
Box 51, Mt. Laguna, CA 91948	95-3097354	501c3	5,235				Grant to buy Equipment
(6) Palomar Mountain Vol Fire Dept							
Box 235 Palomar Mountain, CA92060	95-3006635	501c3	22,260				Grant to buy Equipment
(7) Pine Valley Fire Protection Dist							
Box 130, Pine Valley, CA 91962	33-0498059	501c3	6,150				Grant to buy Equipment
(8) Rainbow Volunteer Fire Dept							
2309 Rainbow Valley Blvd, Fallbrook	95-3673871	501c4	2,000				Grant to buy Equipment
(9) San Diego County Fire Authority							
5510 Overland Ave, San Diego CA 92	GOV	COV	29,820				Grant to buy Equipment
(10) San Pasqual Vol Fire Dept							
Box 460520, Escondido, CA 92046	33-0477496	501c3	7,415				Grant to buy Equipment
(11) Shelter Valley Vol Fire Dept							
7260 Great Southern Overland Trail	41-2143658	501c3	29,881				Grant to buy Equipment
(12) Sunshine Summit Vol Fire Dept							

Schedule I (Form 990) (2013)

Cat. No. 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

33-0274604

35227 Hwy 79, Warner Springs, CA 92

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

8,222

Grant to buy Equipment

12

Schedule f (Fc	Schedule I (Form 990) (2013)					Page 2
Part III	Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed	viduals in the U	nited States. Com	plete if the organiz	ation answered "Yes" to	the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
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Part IV	Partive Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Annually the Fire Foundation conducts a grant program where all eligible fire agencies in San Diego County can submit a request for funding for equipment or training. The Foundation	he information re here all eligible fire	equired in Part I, lin agencies in San Dieg	e 2, Part III, column o County can submit	(b), and any other additi	onal information.
then seeks	then seeks donors to contribute to fund these grant applications. If a donor specifies that their donation is to go to fund equipment at a specific fire department, that request is honored.	ations. If a donor s	pecifies that their dor	nation is to go to fund	equipment at a specific fire d	epartment, that request is honored.
For all other	For all other funds where the donor has not specified which department they wish to fund, the Foundation Board prioritizes the remaining grant applications and funds as many as possible.	th department they	wish to fund, the Four	ndation Board prioritiz	es the remaining grant applic	ations and funds as many as possible.
1 1 1 1 1 1 1 1 1 1 2 2 4 4 4 4 4 4 4 4			7			
						Schedule I (Form 990) (2013)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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. Name of the organization **Employer identification number**

SAN DIEGO REGIONAL FIRE & EMERGENCY SERVICES FOUNDATION	33-0386687
Part VI, Section B, Line 11b: The complete Form 990 was prepare in February 2014 and brought to the	March 27, 2014 Fire Foundation Board
for a complete review and discussion by all board members. The Board	voted at that meeting to approve and
file the 2013 Form 990 and schedules with the IRS prior to the May 15, 20	114 filing deadline.
Part VI, Section B, Line 12c: The Conflict of interest Policy which was originally approved by the Boar	d on March 28, 2013 was reviewed
at the March 27, 2014 Board meeting. The Board agreed that no changes	were needed to the Policy and all
Board members signed their annual statement listing any potential confli	cts.
Part VI, Section B, Line 19: The Fire Foundation will provide its governing documents, conflict of inter	est policy and financial statements
upon receipt of a written request to do so.	