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# Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2014 calendar year, or tax year beginning January 1 2014, and ending December 31 20 14 D Employer identification number Check if applicable C Name of organization San Diego Regional Fire & Emergency Services Foundation Address change Doing business as 330386687 Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 2508 Historic Decatur Rd Suite 200 619-814-1346 City or town, state or province, country, and ZiP or foreign postal code Final return/terminated Amended return San Diego, CA 92106-6138 G Gross receipts \$ Application pending F Name and address of principal officer Frank H. Ault H(a) Is this a group return for subordinates? Wes Vo 2508 Historic Decatur Rd., Suite 200, San Diego, CA 92106-6138 H(b) Are all subordinates included? Tyes No. If "No," attach a list (see instructions) Tax-exempt status: 501(c) ( Website: ▶ www.sdfirefoundation,org H(c) Group exemption number ▶ L Year of formation M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities. Improve the system of fire & emergency services in # 3 2015 Activities & Governance San Diego County by providing fire & medical equipment and training; educate citizens about fire, safety & preparedness; facilitate multi-jurisdictional 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 assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) . . . . . . 6 5 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 8 265,430 491,143 9 Program service revenue (Part VIII, line 2g) 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) §. 1. 2015 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10 115 126 11 O 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 265.545 491,269 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 328,430 190.897 Benefits paid to or for members (Part IX, column-(A), line 4) . . . . . . 14 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 130,979 120,426 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 321,876 448,856 19 Revenue less expenses. Subtract line 18 from line 12 (56, 331)42,413 Assets or Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 82,759 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 82,759 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete Declaraof preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here GARD Print/Type preparer's name Preparer's signature Date PTIN Paid Check | rf self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** 

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ▶

Part	Checklist of Required Schedules			<del></del>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	<b>✓</b>	<b>✓</b>
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? If "Yes," complete Schedule C, Part II	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, Part III	5		<b>✓</b>
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, 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		1
	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		1
	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		1
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	<b>/</b>
14 a		14a	ļ	1
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		<u>/</u>
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		<b>✓</b>
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		1
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		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		For	m <b>990</b>	(2014)

Part	Checklist of Required Schedules (Continued)	<del></del>	V	- NI -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		<b>√</b>
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
b	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		<b>√</b>
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), 501(c)(4), and 501(c)(29) 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		<b>√</b>
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 prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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 "Yes," complete Schedule L, Part II	26		1
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		1
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	-	1
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	-	1
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		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	ļ	<u> </u>
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? If "Yes," complete Schedule R,			
38	Part VI	37	1	1
		Fon	ո 990	(2014

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		. 🗆
٠.			Yes	No
1a	<u></u>	의		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	긱		ŀ
C	reportable gaming (gambling) winnings to prize winners?	1c	-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	<del>                                     </del>	├
		<u>,</u>		}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		\ \( \tilde{\chi} \)
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	ļ	
4a	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			١.
	account)?	4a	<u> </u>	1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			-
_	(FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>V</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	<del> </del>	├ <b>~</b>
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	-	
- Cu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	54		<del>                                     </del>
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l		
	and services provided to the payor?	7a		1
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			١.
_	required to file Form 8282?	7c	ļ	<b>-</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	<del> </del>	1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g	├	<del>                                     </del>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<del> </del>	<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del>                                     </del>	<del> </del>	†
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:		1	
а	Initiation fees and capital contributions included on Part VIII, line 12	4	1	l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	_	ļ	1
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	-		ľ
	against amounts due or received from them.)		ŀ	]
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12.0	<del> </del>	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b>†</b>	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	_	
	the organization is licensed to issue qualified health plans		]	
C	Enter the amount of reserves on hand	1	L	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b> </b>	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	1	i

Page <b>6</b>	Page <b>6</b>	
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Part	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in Check if Schedule O contains a response or note to any line in this Part VI						
Section	on A. Governing Body and Management	<del></del>		· [V]			
<u>Jecui</u>	on A. Governing body and Wanagement		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 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.						
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 relationship with any other officer, director, trustee, or key employee?	2		1			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1			
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5		√ √			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		<b>√</b>			
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	1			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		· -				
a b 9	The governing body?	8a 8b	<b>√</b>				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Ue C	ode l	1			
	21 Prince (Time Content & Toqueste Information about pointed to Toquino a by the Internative Content	<u>uo o</u> .	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		1			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1				
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to <i>line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	_				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c					
13 14 15	Did the organization have a written whistleblower policy?	13	1				
a b	The organization's CEO, Executive Director, or top management official	15a		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 similar arrangement	100		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	with a taxable entity during the year?	16a		1			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Section	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, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)			
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: <b>&gt;</b>				

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Part VII	Compensation of Officers, Directo	rs, Trustees,	, Key Employees	, Highest (	Compensated	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 nor any related organization compensated any current officer, director, or trustee.

Check this box it fleither the organization it	or any relate	uoig	ailiz	auc	,,,,,	ompe	iiisa	ted any curren	it Officer, director	, or trustee.
				(6	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
Name and Title	hours per					is both or/trust		compensation	compensation from	amount of
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	related	i g	≩	頁	1 9	o is	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	[ 호 호	1 2		흥	88	ļ	(44-2/1099-101130)		organization and related
	line)	Individual trustee or director	5		Key employee	클	}	1	}	organizations
		tee	Institutional trustee		_	Stre	1			_
			8			Highest compensated employee				
(1) Frank H. Ault, Board Chairman	10	┨.		١.		1	1			
		<b>✓</b>	↓_	1	<u> </u>	ļ	<u> </u>	0	0	
(2) George Bailey, Board Member	2	1	ĺ							
		<b>_</b>	<u> </u>		ļ	<u> </u>		0	0	
(3) Tim Costanzo, Treasurer	2	1	1		l	i	ļ	1	]	
		✓		✓		<u> </u>	<u> </u>	0	0	
(4) Jerry Hollingsworth, Vice Chairman	2									
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(5) Dana Quittner, Secretary	2		$I^{-}$							
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(6)		<del>                                     </del>	$\top$	_			<b>!</b>		<u></u>	
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Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees		nd F	lighe	st C	ompensated E	mployees (conti	nued)		
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe	ition more rson irect	than of the the the than of the	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	Estin amo	(F) mated ount of ther	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	froi orgar and	ensation the nization related izations	
(15)													
(16)													<del></del>
(17)							-					<del></del>	
(18)													
(19)								-					<u></u>
(20)								-					
(21)													
(22)								-			<u> </u>	<del></del>	<del>. ,</del>
(23)													
(24)													<del></del>
(25)						<u> </u>		-					<del></del>
1b	Sub-total	<u> </u>				<u>L</u>	L	<b></b>					
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio						<b>&gt;</b>	0	0			
2	Total number of individuals (including bu reportable compensation from the organ	t not limited		_			above	e) w	ho received m	ore than \$100,0	00 of		<del></del>
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	est compensat		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											-	
5	Did any person listed on line 1a receive of for services rendered to the organization									ration or individu	<del></del>		1
Section	on B. Independent Contractors												_ <u></u>
1	Complete this table for your five highest compensation from the organization. Rej year.												ЭX
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compens	ation	
								<u> </u>					
								L					
2	Total number of independent contractor received more than \$100,000 of compen							o th		ove) who			1
	Total Title that wronged of company			. yui			<u></u>		0	L	Fori	ո 990	(2014)

Part	VIII	Statement of Reve							-
<del></del>		Check if Schedule O	contains	a resp	onse 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
इ इ	1a	Federated campaigns		1a					
	b	Membership dues .		1b					:
S, G	C	Fundraising events .		1c					
ia di	d	Related organizations		1d					ì
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (cont		1e					<u>;</u>
er i	f	All other contributions, gif and similar amounts not incli		1f	***				;
를 등	_	Noncash contributions include			491,143				ı
P E	g h	Total. Add lines 1a–1f			<b></b>	491,143			,
				Business Code	731,170		,		
Program Service Revenue	2a					··			
æ	b								
Ş.	С								
Ser	d								
Ë	е								<u> </u>
og.	f	All other program serv							<u> </u>
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (	including	dwide	<b>&gt;</b>		· · · · · · · · · · · · · · · · · · ·		<u>'</u>
	3	and other similar amount				126		•	126
	4	Income from investment	•	not ba	ond proceeds ►	120			
1	5			-	-				
			(i) Real	:	(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses							<b>i</b> .
	С	Rental income or (loss)			<u> </u>				
	_d	Net rental income or (			<b>&gt;</b>				
	7a	Gross amount from sales of assets other than inventory	(i) Securit	ies	(II) Other				;
	b	Less: cost or other basis and sales expenses .							
	С	Gain or (loss)							
	đ	Net gain or (loss) .							
ıne	8a	Gross income from fu	ndraising						
Other Reven		events (not including \$							
æ		of contributions reporte							<u>'</u>
Ē		See Part IV, line 18 .							!
₹		Less: direct expenses			L				
		Net income or (loss) fi Gross income from ga			events . ►			ļ	
	ya ya	See Part IV, line 19 .			<u></u>				,
	ь	Less: direct expenses			<del></del>				
		Net income or (loss) fi							
		Gross sales of in							!
		returns and allowance	es	. а				ļ	
	b	Less: cost of goods s							
	C	Net income or (loss) fi		of inv					<u> </u>
			Business Code						
	11a						· · - · - · - · - · - · · - · · - ·		<del> </del>
	b							<del>                                     </del>	
	d	All other revenue .							-
	d e	Total. Add lines 11a-		•	•			<del></del>	1
	12	Total revenue. See in				491,269		<del>                                     </del>	126
						10,11200	<u> </u>	<u></u>	Form <b>990</b> (2014)

	50 (2014)				rage 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	nt include amounts reported on lines 6b, 7b, n, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	328,430	328,430		, , ,
2	Grants and other assistance to domestic Individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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 8	Other salaries and wages				
9 10 11 a	Other employee benefits	98,460	49,230	40,369	8,861
b c d e f	Legal	33,100	10,200	10,000	O,GO
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14 15	Advertising and promotion	6,513 1,716	3,257 858	2,670 704	586 154
16 17 18	Occupancy	10,800	5400	4,428	972
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	1,200	1200		
20 21	Interest				
22 23	Depreciation, depletion, and amortization . Insurance	1,430		1430	
24	Other expenses. Itemize expenses not covered 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	75		75	
b c	Bank Fees	232	<u></u>	232	
d					
e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	448,856	388,375	49,908	10,573

	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	12,364	1	12,717
	2	Savings and temporary cash investments	27,982	2	70.042
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	ł	Complete Part II of Schedule L		5	
	6	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			ĺ
	ì	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ফ		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	,
	11	Investments—publicly traded securities		11	
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	40,346	16	82,759
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			,
abi		disqualified persons. Complete Part II of Schedule L		22	10.00
ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	Ì	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	
S	[	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Š		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
þ		complete lines 30 through 34.			
ţţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds.	40,346		82,759
Š	33	Total net assets or fund balances	40,346		82,759
	34	Total liabilities and net assets/fund balances	40,346	34	82,759

	 Page <b>12</b>
	 🗆
	 491,269
_	448,856
	42,413
	40,346
_	 <del></del>
_	 82,759

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . 2 Total expenses (must equal Part IX, column (A), line 25) 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 5 5 6 Donated services and use of facilities . . . . . . . . . . . . . . . . 6 7 7 8 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 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis 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 audited on a separate basis, consolidated basis, or both: ☐ Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2014)

Schedule O.

Form 990 (2014)

За

3b

#### 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.

2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-F7

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

Open to Public

Inspection

OMB No 1545-0047

**Employer identification number** Name of the organization SAN DIEGO REGIONAL FIRE & EMERGENCY SERVICES FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-9 support (see other support (see above or IRC section instructions) instructions) (see instructions)) Yes (A) (B) (C) (D) (E)

Total

	~ · · · · · · · · · · · · · · · · · · ·						
Part	II Support Schedule for Organiza						
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support					r <del></del>	
	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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.			<u> </u>	<u> </u>	L	<u>i</u>
	on B. Total Support	(1) 0010	#-> 0044	(-) 0040	(-D 0040	(-) 0044	/6 Tatal
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) 2014	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	ne organization re	n's first, secon	d, third, fourth	n, or fifth tax y		
14	Public support percentage for 2014 (line			1 column (ft)		14	%
15	Public support percentage from 2013 Sci					15	<u>%</u>
16a	331/3% support test—2014. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, o	check this
b	331/3% support test—2013. If the organ check this box and stop here. The organ					9 15 is 33¹/3% 	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumsta ımstances" tes	inces" test, cho st. The organiz	eck this box ar ation qualifies	nd <b>stop here.</b> as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part VI how the organization m supported organization	tion meets the leets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check the The organization	nis box and <b>s</b> on qualifies as	<b>top here</b> . a publicly
18	Private foundation. If the organization di instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	l see

# 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees				,		
	received. (Do not include any "unusual grants.")	269,209	179,627	457,203	265,430	491,143	1,662,612
2	Gross receipts from admissions, merchandise	_				}	
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					,	
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					ł	
	organization without charge						
6	Total. Add lines 1 through 5	269,209	179,627	457,203	265,430	491,143	1,662,612
7a	Amounts included on lines 1, 2, and 3	.					
	received from disqualified persons .	8,950	25,750	46,500	41,500	49,200	171,900
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						
_	Add lines 7a and 7b	0.050	25 750	46 500	41,500	49,200	171,900
С 8	Public support (Subtract line 7c from	8,950	25,750	46,500	41,300	49,200	171,300
•	line 6.)					İ	1,490,712
Secti	on B. Total Support			<u> </u>			.,,
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	269,209	179,627	457,203	265,430	491,143	1,662,612
10a	Gross income from interest, dividends,				:		
	payments received on securities loans, rents,						
	royalties and income from similar sources.	416	156	140,	115	126	953
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	416	156	140	115	126	953
11	Net income from unrelated business		1				
	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						
12	(Explain in Part VI.)						
13	and 12.)	269,625	179,783	457,343	265,545	491,269	1,663,565
14	First five years. If the Form 990 is for the						
17	organization, check this box and <b>stop he</b>	_					
Secti	on C. Computation of Public Suppor				·		<del> </del>
15	Public support percentage for 2014 (line			3, column (f))		15	89.6 %
16	Public support percentage from 2013 Scl		-			16	91.7 %
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (						0.06 %
18	Investment income percentage from 2013	<b>3</b> Schedule A, l	Part III, line 17			18	0.14 %
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	ia not check a	pox on line 14	, 19a, or 19b, o	cneck this box	and see instru	ctions 🕨 📘

#### Part IV

**Supporting Organizations** 

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		~ ~
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	 3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ь с 6	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5b 5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	~	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	_	-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b c	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	9c 10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

Concac	10 A			age C
Part	Supporting Organizations (continued)		1	l Na
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			,
•	below, the governing body of a supported organization?	11a	-	-
b	A family member of a person described in (a) above?	11b	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Ì		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ļ	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		ļ,
2	Did the organization operate for the benefit of any supported organization other than the supported			·
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		L	<u> </u>
3601	on o. Type it dupporting organizations	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			·
	or management of the supporting organization was vested in the same persons that controlled or managed			,
	the supported organization(s).	1	-	· ′
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			1
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			د
_		1		<del> </del> -
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's		İ	} :
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	structi	ons).
_	Asharities Test. Assessed (a) and (b) heless		V	Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	these supported organizations and explain how these activities directly furthered their exempt purposes,			:
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			Ι,
	reasons for the organization's position that its supported organization(s) would have engaged in these	_	l	[ ]
	activities but for the organization's involvement.	2b		Ĺ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ļ'
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	-	· · · · · · · · · · · · · · · · · · ·	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	<del></del>	
e Discount claimed for blockage or other	1		
factors (explain in detail in <b>Part VI</b> ):	ļ.,	<del></del>	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		·	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functional instructions).	y-ın	tegrated Type III support	ting organization (see

Part	<del></del>	3) Supporting Organi	zations (continued)	
· Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			·
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			,
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			,
а	}			
b	İ			
С	1			
d	1			·
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if		, ,	
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h		· · · · · · · · · · · · · · · · · · ·	
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			,
8	Breakdown of line 7:			
a				
b			· · · · · · · · · · · · · · · · · · ·	
c				
d	Excess from 2013		······································	
e	Excess from 2014		· · · · · · · · · · · · · · · · · ·	
		<u> </u>		<u></u>

Schedule A (F	-om 990 or 990-EZ) 2014 Pag	ge C
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions.)	id
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SCHEDULE I (Form 990)

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.

2014 Open to Publ

OMB No. 1545-0047

Implete it tile of gallication answerder Tes 150 form 500, Fait in principalities.

▼ Attach to Form 990.

Open to Public Inspection Employer identification number

33-0386687

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. SAN DIEGO REGIONAL FIRE & EMERGENCY SERVICES FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

**ջ** □ ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

ratily, line 21, 101 any recipient that received those than \$5,000. Fattill can be duplicated in additional space is needed.	y recipient tilat	ieceived illore i	141 45,000. FAIL	i call be duplica	מופחוווחווו משונה או מושול	pace is needed.	
1 (a) Name and address of organization or government	(p) 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) Alpine Fire Protection District 1364 Tavern Rd. Alpine, CA 91901	95-2701432	501c3	14,339				Grant for Equipment
(2) Borrego Springs Fire District	0E 22242EA	50123	1.				Grant for Equipment
(3) Cal Fire	000	009	18.925				Grant for Equipment
(4) Campo Volunteer Fire Dept Box 55. Campo. CA 91905	95-3194085	50103	7,339				Grant for Equipment
(5) Deer Springs Fire District 8709 Circle R Dr Escondido CA 92026	600	000	31,000				Grant for Equipment
(6) DeLuz Volunteer Fire Dept 40020 Cathy Dr. Fallbrook, CA 92028	33-0810617	501c3	6,465				Grant for Equipment
(7) Julian/Cuyamaca Fire District P.O. Box 33, Julian, CA 92036	33-0182440	501c3	23,644				Grant for Equipment
(8) Mission Centered Solutions Box 969 Franktown, CO 80116	84-1369128		33,000				Grant for Training Program
(9) Montezuma Valley Vol Fire Dept 37370 Montezuma Vly Rd, Ranchita	95-3173208	501c3	5,913				Grant for Equipment
(10) Mt. Laguna Volunteer Fire Dept Box 51, Mt. Laguna, CA 91948	95-3097354	501c3	12,118				Grant for Equipment
(11) Palomar Mountain Vol Fire Dept Box 235 Palomar Mountain, CA 92060	95-3006635	501c3	15,278				Grant for Equipment
(12) Rainbow Volunteer Fire Dept 2309 Rainbow ValleyBlvd, Fallbrook	95-3673871	501c4	8,044		·		Grant for Equipment
2 Enter total number of section 501(c)(3) and government org	501(c)(3) and gov	vernment organizati	panizations listed in the line 1 table	ine 1 table			<b>A</b>
١	gai lization is lister	- 1					

Schedule I (Form 990) (2014)

Cat. No. 50055P

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

# SCHEDULE

Grants and Other Assistance to Organizations,

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<b>%</b>	en t
7 7	Ö

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, OMB No. 1545-0047 **%**□ (h) Purpose of grant or assistance Grant for Equipment Grant for Equipment Grant for Equipment **Employer identification number** Grant for Equipment Grant for Equipment 16 √
Yes 33-0386687 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. 36,362 23,743 27,600 16,000 28,000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. SAN DIEGO REGIONAL FIRE & EMERGENCY SERVICES FOUNDATION 501c3 GOV GOV 200 900 41-2143658 (b) EIN GOV 9 900 900 (2) San Diego County Fire Authority 5510 Overland Ave, San Diego, CA 92 28234 Lilac Rd Valley Center CA 9208 Ramona Fire Protection District 829 San Vicente Rd Ramona CA 9206 1 (a) Name and address of organization 7260 Great Southern Overland Trail (3) San Pasqual Tribal Fire Dept Box 365, Valley Center, CA 92082 (4) Shelter Valley Vol Fire Dept (5) Valley Center Fire District Department of the Treasury Internal Revenue Service Name of the organization (Form 990) Part II N <u>©</u> (12) E 8 Ξ <u></u>

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	omestic Individua Il space is needed.	<b>ils.</b> Complete if the	organization answ	ered "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
-						
2						
က						
4						
ro						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, lin	e 2, Part III, colum	(b), and any other addit	ional information.
Annually the seeks	nnually 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 here seeks donors to contribute and 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	where all eligible fire	agencies in San Dieg r specifies that their d	o County can submit a	request for funding for equip	gible fire agencies in San Diego County can submit a request for funding for equipment or training. The Foundation If a donor specifies that their donation is to go to fund equipment at a specific fire department that request is honored
or all oth	or 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.	ich department they	wish to fund, the Four	ndation Board prioritiz	es the remaining grant applic	ations and funds as many as possible.
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			1 1 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
,						Schedule I (Form 990) (2014)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

OMB No. 1545-0047

Internal Revenue Service

► Attach to Form 990 or 990-EZ. Open to Public Department of the Treasury ▶ 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** 

SAN DIEGO REGIONAL FIRE & EMERGENCY SERVICES FOUNDATION	33-038668/
Part VI, Section B, Line 11b: The complete Form 990 was prepared in early March 2015 and brought to	the March 26, 2015 Fire Foundation
Board meeting for a complete review and discussion by all board members. The Board voted at that meeting	
to approve and file the 2014 Form 990 and schedules with the IRS prior to the May 15, 2015 filing ddeadline.	
Part VI, Section B, Line 12c: The Conflict of Interest Policy which was originally approved by the Board on March 28, 2013 was reviewed	
at the January 22, 2015 Board Meeting. The Board agreed that no changes were needed to the Policy and	
Board members signed their annual statement listing any potential conflicts.	
Part VI, Section B, Line 19: The Fire Foundation will provide its governing documents, conflict of interest policy and financial statements	
upon receipt of a written request to do so.	
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