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 2017

Dep	artment of t	the Treasury ie Service		www.irs.gov/F	=	tructions and		=	10.	inspect	
A			ndar year, or tax year				and ending			, 20	
В									D Employ	er identification m	umber
$\tilde{\Box}$	Address		Doing business as		J. 10 C 2.1		000 1 023104			330386687	
$\overline{\sqcap}$	Name ch	-	Number and street (or f	P.O. box if mail is in	ot delivered to st	E Telephone number					
$\overline{\sqcap}$	Initial retu	•	2508 Historic Decatu	r Rd.		•	Suit	e 200		619-814-1346	
$\overline{\Box}$		n/terminated	City or town, state or p		nd ZIP or foreign	postal code				0.000	
$\overline{\sqcap}$	Amended		San Diego, CA 92106	-6138	_				G Gross re	eceipts \$	422,376
Ħ			F Name and address of p					H(a) is this a c		subordinates? Yes	
	фриссии	on ponding	 				M	''		s included? Tyes	
_	Tax-exen	npt status:	501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	□ 521 J °	<u></u>		list. (see instructio	
J	Website:				7 (f		H(c) Group	exemption	number ▶	
K	Form of o	rganization	Corporation Trust	Association [Other ▶	LY	ear of formation	n: 1989	M State	of legal domicile	CA
Р	art I	Summ	ary								
	1	Briefly de	escribe the organizat	ion's mission o	or most signifi	icant activities	: Improve	the syster	n of fire &	emergency ser	vices in
9		-	o County by providing		_					************	
ğ			nes; facilitate multi-ju								
Activities & Governance			is box ▶ 🗌 if the org								
ě			of voting members o			-			. 3		5
<u>م</u>	1		of independent votin			•	1, line 1b)		. 4		5
jes	5	Total nur	nber of individuals e	mployed in cal	endar vear 20	17-(Part V, lin	e 2a) .		. 5		0
Ξ			nber of volunteers (e						. 6		5
Ac			elated business reve			C), line 120			. 7a		0
	b	Net unrel	lated business taxab	le income from	n Form 990-T	إن 11he 34			. 7b		0
								Prior Y	ear	Current Ye	ear
	8	Contribu	tions and grants (Pai	t VIII, line 1h) .	OGDEM	"UT I	[387,478		422,143
Revenue			service revenue (Par		• • • •	· · · · · ·	[0		0
	1	_	ent income (Part VIII,		es 3, 4, and 7	'd)	[221		233
Œ	•		venue (Part VIII, colui				🖯		0		0
	1		enue-add lines 8 thr						387,699		422,376
_			nd similar amounts p						202,161		121,119
	1		paid to or for member	-		-	[0		0
ø	1		other compensation,	•		· ·	s 5–10)		0		0
nse			onal fundraising fees		•	• •	[0		0
Expenses	1		draising expenses (F								,
û			penses (Part IX, colu						122,290		126,535
			enses. Add lines 13				25) . [324,451		247,654
	19	Revenue	less expenses. Sub	tract line 18 fro	om line 12 .		[63,248		174,722
5 9	}						В	eginning of C	urrent Year	End of Ye	
Net Assets or	20	Total ass	ets (Part X, line 16)		. 		[189,433		364,155
AA	21	Total liab	olities (Part X, line 26)			[0		0
2	22	Net asse	ts or fund balances.	Subtract line 2	1 from line 2	0			189,433		364,155
Р	art II	Signa	ture Block								
			ıry, I declare that I have ex							my knowledge and	belief, it is
tru	ie, correct	, and comp	lete. Declaration of prepare	er (other than office	er) is based on all	information of wi	hich preparer	has any know	/ledge.		
				Plan	101-				7/2	-2/18	
Si	gn	Sign	ature of officer	The Care	17)	D	ate	- (1)	
He	ere	N	7 RANGE	AUG	60	DED CH	AIL	M			
		Туре	or print name and title								
P	aid	Print/Ty	pe preparer's name	Prep	arer's signature		Dat	е	Check	if PTIN	
	epare	r L							self-em		
	se Only	1	name 🕨					Fin	m's EIN ▶		
_			ıddress ▶					Ph	one no.		
Ma	y the IR	S discus	s this return with the	preparer show	vn above? (se	e instructions)			🗌 Yet	s 🗌 No
E 0	. Dono	rade Bade	etion Act Notice con	the concrete in	oba esti ono		C-+ 11	11000)/		Corm C	2017)





art	Checklist of Required Schedules			
	1. 11		Yes	No
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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	\	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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? 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 98-197 If "Yes," complete Schedule C, 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		<u>'</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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		1
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		1
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		1
đ	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
e f	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
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
þ	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		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		1
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		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
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Part	Checklist of Required Schedules (continued)		·	
20 -	Did the ergonization energic one or more begainst facilities? If "Ves " complete Schedule H	20-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		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		✓
	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), 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	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		√
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
C	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	30		1
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 35b		1
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		1
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
		For	п 99 0	(2017

Form **990** (2017)

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>					
			Yes	No			
1a	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						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	لــــا			
2a		-10	<u> </u>				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		ļ <i>'</i>			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1			
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					
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, secunties account, or other financial	4a		1			
	account)?						
D	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).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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	ļ	✓			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	O1-	ļ]			
7	gifts were not tax deductible?	6b					
7 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		1			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c		1			
đ	If "Yes," indicate the number of Forms 8282 filed during the year		 				
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	1			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	 			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	 -	 			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	├ ~~	-	ļ.—			
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ			
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12	523.	-				
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:		ĺ	ļ			
a	Gross income from members or shareholders		ĺ				
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		l			
	against amounts due or received from them.)		,				
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	_	1				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	 	<u> </u>			
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	1	1				
IJ	the organization is licensed to issue qualified health plans	[~ -			
С	Enter the amount of reserves on hand	1	ſ	{			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1			
	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	1				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S									
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u> </u>						
Secti	on A. Governing Body and Management									
	,		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.									
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5									
2	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		✓						
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		✓						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .									
6	Did the organization have members or stockholders?	6		1						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1		1						
	one or more members of the governing body?	7a		1						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	.]		1						
	stockholders, or persons other than the governing body?	7b		/						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1						
	the year by the following:			ļJ						
а	The governing body?	8a	✓	ļ						
Ъ	Each committee with authority to act on behalf of the governing body?	8b	✓	 						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_						
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		$\overline{}$						
40-	Did the summination have been been bounded on #80.42	40-	Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		1						
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		j						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	/	<u> </u>						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	<u> </u>	 						
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 use to conflicts?	12b		 						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	_	 						
·	describe in Schedule O how this was done	12c	1							
13	Did the organization have a written whistleblower policy?	13		 						
14	Did the organization have a written document retention and destruction policy?	14	7							
15	Did the process for determining compensation of the following persons include a review and approval by		<u> </u>	 						
,,	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i i	-							
а	The organization's CEO, Executive Director, or top management official	15a		1						
b	Other officers or key employees of the organization	15b	 	1						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<u> </u>	<u> </u>						
16a			l							
	·	1		ļ						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓						
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		1						
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	 							
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a								
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			✓						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?									
Secti	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16b	(c)(3)s							
Secti	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16b	c)(3)s							
Secti 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16b		only)						
Secti	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16b		only)						
Secti 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16b		only)						
Secti 17 18	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16b	policy	only)						

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Form	agn	ഗ്രവ	71

Part VII	Compensation of Officers, Direct	tors, Trustees	, Key Employees,	Highest C	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.										
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	neck is pe d a d	ition more than one erson is both an lirector/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount 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)	compensation from the organization and related organizations
(1) Frank H. Ault, Board Chairman	10	1		1				0	0	0
(2) Tim Costanzo, Board Treasurer	2	1		1				0	o	o
(3) Stephanie Donovan, Board Member	2	1							0	0
(4) Dana Quittner, Board Secretary	2	1		1					0	0
(5) Susan Raimond, Board Member	2	1								0
(6)										
(7)		-					-			
(8)		-		_	-		-			
(9)			-			 				
(10)			-			-				
(11)	-		-							
(12)										
(13)			-	-	-		 			
(14)		-	-							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title		(B) Position (do not check more that box, unless person is box					an	(D) Reportable	(E) Reportable		Esti	(F) mated	
		hours per week (list any hours for related organizations below dotted line)	Individua or directo	institutional trustee	Officer	Key employee	Highest compensated employee	ee) Former	compensation from the organization (W-2/1099-MISC)	compensation fro related organizations (W-2/1099-MISC	Ì	comp fro orga and	ount of ther ensatio in the nization related nization	1
(15)									,					
(16)						-			†		-		<u>-</u>	
(17)											-			
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total	VII, Section		•				> > >	0		0			0
2	Total number of individuals (including bur reportable compensation from the organization)	t not limited							4		000 0	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compens	ated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual			150,	,000	? /	f "Ye					4		1
5	Did any person listed on line 1a receive of for services rendered to the organization											5		
Section	on B. Independent Contractors	•										.d		
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	services	C	(C) ompens		
None														
		, , ,							**					
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who				
												Fon	m 990	(2017)

	Check if Schedule O contains a response or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants ilar Amounts p o q et	Membership dues 1b Fundraising events 1c				, ~
Contributions, Gifts, Grants and Other Similar Amounts	1		,		
and O	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	422,143	-		
e Revenue	Business Code	122/110			
ram Servic					
	All other program service revenue . Total. Add lines 2a-2f		~		
3 4 5	Investment income (including dividends, interest, and other similar amounts)	233			
6a b	(i) Real (ii) Personal Gross rents Less: rental expenses	-			
6 d 7a					
b	assets other than inventory Less: cost or other basis and sales expenses .				
d	Gain or (loss)			-	
- I	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Other Reve	See Part IV, line 18 a Less: direct expenses b				
C	Net income or (loss) from fundraising events . ▶ Gross income from gaming activities. See Part IV, line 19 a			, '	,
	Less: direct expenses b Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances a				
	Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
11a b c	Business Code				
d e 12	All other revenue	422 276			

Form 990 (2017)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	plete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon-	<u> </u>			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	121,119	121,119	-	*
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	Other employee benefits				
a b	Management	98,400	59,040	24,600	14,760
c d	Accounting	950	570	238	142
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4,515	2,709	1,129	677
13	Office expenses	653	392	163	98
14	Information technology				
15 16	Royalties	44.500			
16 17	Occupancy	11,544 14	6,926	2,886	1,732
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	14			14
19	Conferences, conventions, and meetings .				
20	Interest		····		
21 22	Payments to affiliates				
23	Insurance	1,444		1 444	·
24	Other expenses. Itemize expenses not covered	1,444	 -	1,444	
_ `	above (List miscellaneous expenses in line 24e. If	,	,		
	line 24e amount exceeds 10% of line 25, column		en		
	(A) amount, list line 24e expenses on Schedule O.)				
a	Emergency Preparedness Summit Bank Fees	8,311	8,311		
b		609		609	
d	Filing Fees	95		95	
е	All other expenses				
25	lotal functional expenses. Add lines 1 through 24e				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundaming collections.				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	247,654	199,067	31,164	17,423
				9.7.01	Form 990 (2017)

33

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . (A) (B) End of year Beginning of year 1 22.991 13,812 2 2 Savings and temporary cash investments 166,442 342,540 3 3 7,803 4 Accounts receivable, net 4 5 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 7 8 8 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b **b** Less: accumulated depreciation 10c 11 11 12 Investments—other securities. See Part IV. line 11 12 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 189,433 364.155 17 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. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 ol Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 133,585 122,895 Temporarily restricted net assets 28 28 55,848 241,260 29 29 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 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 Retained earnings, endowment, accumulated income, or other funds . 32 32

Total liabilities and net assets/fund balances . . .

364,155

364,155

33

189,433

189,433 34

Form 99	90 (2017)			Pa	ge 12
Part	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>		42	2,376
2	Total expenses (must equal Part IX, column (A), line 25)	<u> </u>		24	7,654
3	Revenue less expenses. Subtract line 2 from line 1	<u> </u>		17	4,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u> </u>		18	9,433
5	Net unrealized gains (losses) on investments	<u> </u>			0
6	Donated services and use of facilities	<u> </u>			0
7	Investment expenses				0
8	Prior period adjustments	<u> </u>			0
9	Other changes in net assets or fund balances (explain in Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	1		36	<u>34,155</u>
Part	XII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other	[
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in]
	Schedule O.				
2a			2a		1
	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:			<u>,</u>	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	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 audited or	na [
	separate basis, consolidated basis, or both:]			
	Separate basis Consolidated basis Both consolidated and separate basis	İ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign	ght			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant	t?	2c		i
	If the organization changed either its oversight process or selection process during the tax year, explain	ıin 🏻		,	
	Schedule O.	1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ı in			
	the Single Audit Act and OMB Circular A-133?		3a	}	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t	the			<u> </u>
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	{

Form **990** (2017)

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. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 33¹a% 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). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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) d 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. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part	(Complete only if you checked the	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatioi	n failed to qua	
Saati	Part III. If the organization fails to	quality unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(5) 2374	(9) 2010	(4) 2010		<u></u>
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			/			
	on B. Total Support			/			
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
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.)				i		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
Cooti	organization, check this box and stop her			<u> </u>		· · · · ·	▶ 🗆
14	on C. Computation of Public Suppor Public support percentage for 2017 (line 6			1 column (f)	· 	14	%
15	Public support percentage from 2016 Sch		•	1, Column (1))		15	/
16a	331/3% support test 2017. If the organization			c on line 13, a	nd line 14 is 3		
	box and stop here. The organization qual	-		_			▶ 🗆
b	331/2% support test—2016. If the organiz					is 331/3% or m	ore, check
	this box and stop here. The organization	-		_			> 📙
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "I organization	ets the "facts	-and-circumst	ances" test, c	heck this box a	and stop here .	. Explain ın
b	10%-facts-and-circumstances test—20 15/is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18 /	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions				<u> </u>		🕨 🗆

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

	if the organization falls to quality	under the tes	is listed belo	w, please co	inpiete i art ii	<u>·/</u>	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨 🏻	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	ŀ				1	
_	received. (Do not include any "unusual grants.")	265,430	491,143	605,418	387,478	422,143	2,171,612
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ĺ	1		1	}	
	organization's tax-exempt purpose	İ	1			1	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	ł	İ	ł		1	
4	Tax revenues levied for the						
	organization's benefit and either paid to	1		ļ		İ	
	or expended on its behalf	ĺ	İ	ſ		Ï	
5	The value of services or facilities						
•	furnished by a governmental unit to the	ł	1				
	organization without charge	[1	ĺ	•	[
6	Total. Add lines 1 through 5	265,430	491,143	605,418	387,478	422,143	2,171,612
	Amounts included on lines 1, 2, and 3	203,430	451,145	003,410	357,470	422,140	2,171,012
	received from disqualified persons .	41,500	49,200	52,000	41,500	28,600	212,800
Ь	Amounts included on lines 2 and 3	41,300	43,200	32,000	41,500	20,000	212,800
U	received from other than disqualified	ļ	1	ł	1		
	persons that exceed the greater of \$5,000	i	ŀ				
	or 1% of the amount on line 13 for the year				ŀ		
С	Add lines 7a and 7b	41,500	49,200	52,000	41,500	28,600	212,800
8	Public support. (Subtract line 7c from	41,300	49,200	32,000	41,300	20,000	212,800
•	line 6.)			1	ı		1 050 012
Secti	on B. Total Support	 		L			1,958,812
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	265,430	491,143	605,418	387,478	422,143	2,171,612
10a	Gross income from interest, dividends,	203,430	431,143	003,410	307,470	422,143	2,171,012
104	payments received on securities loans, rents,			•	İ	ļ	
	royalties, and income from similar sources .	115	126	285	221	233	980
h	Unrelated business taxable income (less	119	120	203	221	233	300
•	section 511 taxes) from businesses				1		
	acquired after June 30, 1975	ł		1	1		
_	Add lines 10a and 10b	115	126	285	221	233	980
11	Net income from unrelated business	113	120	203	221	233	300
• •	activities not included in line 10b, whether	1	Í	İ		ſ	
	or not the business is regularly carried on	İ			ļ		
12	Other income. Do not include gain or						
14	loss from the sale of capital assets	1	ł	ł			
	(Explain in Part VI.)			Į	ļ	ŀ	
13	Total support. (Add lines 9, 10c, 11,						
.0	and 12.)	205 545	404 200	505 702	202 500	400 270	0.470.500
14	First five years. If the Form 990 is for th	265,545	491,269	605,703	387,699	422,376	2,172,592
17	organization, check this box and stop her	-					.
Secti	on C. Computation of Public Suppor			<u> </u>			
15	Public support percentage for 2017 (line 8			3 column (fl)	··	15	90.2 %
16	Public support percentage from 2016 Sch		-			16	89.5 %
	on D. Computation of Investment Inc				 	1101	89.5 70
17	Investment income percentage for 2017 (I			/ line 13 colum	nn (fl)	17	0.05 %
18	Investment income percentage from 2016	•				18	0.05 %
19a	331/2% support tests—2017. If the organi						
. 50	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2016. If the organization	-	_			•	
D	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did	-	-	·	•	• •	

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 Part VI 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 Part VI 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 Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI 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 12a or 12b 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
5a	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		-
-	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , 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			
b	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
	designated in the organization's organizing document?	5b		
6	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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	r		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer 10b below.	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.)	10b	 	├

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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	L	ـــا
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 Part VI.	11c		
Secti	on B. Type I Supporting Organizations	1	·	
			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			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or 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		.	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	ļ []]
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	 	-
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ł	, ,	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	1	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors]	•
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	1	ĺ	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	_	ــــــــــــــــــــــــــــــــــــــ	L
<u> </u>	on b. 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, (i) a written notice describing the type and amount of support provided during the prior tax]	-
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			4
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	-	ļ	
•	By reason of the relationship described in (2), did the organization's supported organizations have a	2	 -	
3	significant voice in the organization's investment policies and in directing the use of the organization's			ł
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•]	}
	supported organizations played in this regard.	3	 	 -
Sect	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	instru	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. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struc	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u> </u>		1
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	İ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		1
	how the organization was responsive to those supported organizations, and how the organization determined	<u></u>	ļ	<u> </u>
	that these activities constituted substantially all of its activities.	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	1	1	
	activities but for the organization's involvement.	24		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		\vdash
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		1
-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	1	1
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		

	Schedule /	A (Form	990 or	990-EZ	2017
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Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organization.			
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)	7	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	_1	(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 secunties	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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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).			
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		
7 Check here if the current year is the organization's first as a non-functional instructions).	ally int	egrated Type III supporti	ng organization (see

Section D - Distributions 1 Amounts paid to supported organizations to organizations, in excess of ince. 3 Administrations						
Section D - Distributions 1 Amount						
1 Amounts paid to supported organizations to 2 Amounts paid to perform activity that directly organizations, in excess of income from activity and activity expenses.	ted 50	9(a)(3) Sup	Dordi			
2 Amounts paid to supported organizations to 2 Amounts paid to perform activity that directly organizations, in excess of income from activ 3 Administrative expenses paid to accomplish e 4 Amounts paid to acquire exempt			Porting O	rganizatione	(openii	
organizations, in excess activity that directly	accom	plish exempt	Dum		CONTINU	led)
	rurthe	s exempt pu	Purposes			Current Year
4 Amounts paid to acquire exempt-use assets 6 Other distributions of the company	ny ny	. ,	poses of s	upported		Unit Year
6 Out Gualified set-aside amount to assets	xempt	purposes of	SUPPORT			
5 Qualified set-aside amounts (prior IRS approve 6 Other distributions (describe in Part VI). See in 7 Total annual distributions. Add lines 1 through	al roa		- притед	organizations		
7 Total annual distributions (describe in Part VI). See in: 8 Distributions to attentive supported organizations. (provide details in Part VI).	struct	red)				
(provide attentive aux Add lines 1 through	h e	ons.		-		
9 District Part VII C. JUNE O'S GARIZATION	ne +-					
10 line 8 mount for 2017 to	io to M	hich the orga	Πization :-			
8 Distributions to attentive supported organization (provide details in Part VI). See instructions. 9 Distributable amount for 2017 from Section C, line 8 amount divided by line 9 amount	206		- Si Hona	esponsive		
10 Line 8 amount divided by line 9 amount Section F. Dieses	10 0	~				
Section E - Distribution Allocations (see instruction						+
1 Distribute L	ons)	1				
2 Undown amount for 2017 from 2	-,	Excess Dis) Heiler er	(ii)		
Distributable amount for 2017 from Section C, line Underdistributions, if any, for years prior (reasonable cause)	6	-	Suomons	Underdistrib	utions	(iii)
Instruction studie required and prior to 2017		-		Pre-201	7	Distributable
3 Excess distribution of Part VI). Se	e l					Amount for 2017
3 Excess distributions carryover, if any, to 2017 b From 2013	~		- 1		1	
b From 2013			_ '			
C From 2014					- 1	
From 2015	1					
e From 2016	1					
Otal - ()						
g Applied to underdistributions of prior years i Carryover for a specific prior for the specific prior of the						
h Applied to underdistributions of prior years I Carryover from 2012 not applied.						
i Carryover from 2012 not applied (see instructions) I Remainder. Subtract lines 3g, 3h, and 3i for 2012 not applied.						
J Remainder. Subtract lines 3g, 3h, and 3i from 3f. Section D, line 7:					\int	
Distributions for 2017 frames 3g, 3h, and 3i from 3f	\perp				\bot	
Section D, line 7:	I				\perp	
C Position of prior years					1	
					1	
Demoin:						
Remaining underdistributions for years prior to 2017, if greater than zero, explain in P	 		-		-	
any. Subtract lines 3g and 4a from line 2. For result 6 Remaining underdistributions for years prior to 2017, if Remaining underdistributions for years prior to 2017, if	.,		-		-	
greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h Part VI. See instructions. and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		, ,	-		-	
Part VI Commission of result grant Subtract lines of			- 1	i		
Part VI. See instructions. Part VI. See instructions. Part VI. See instructions.	··· .		+			~
7 Excess distributions carryover to 2018. Add lines 3j 8 Breakdown of line 7:		· · · · ·	1 .			
8 Breakdown of line 7:		-	· .	1		
EXCess from no			+			
LAUCSS from on		-	1:	1		
			 			
TAUFING TRAIN			1			
e Excess from 2017						
2017			**********	-		
					-	
				I		
				Sahadi		7

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Name of the organization

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

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

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

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OMB No. 1545-0047

2017	Open to Publ

Employer identification number

Grant - Safety Improvement **%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Grant for Equipment Grant for Equipment Grant for Equipment Grant for Equipment 5 ✓ 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 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 22,178 26,765 23,327 44,500 12,300 (d) Amount of cash grant 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 501c3 **501c3** 501c3 900 Š San Diego Regional Fire & Emergency Services Foundation 33-0182440 95-2701432 95-2234254 (B) 8 Gov Alpine Fire PS rotection District Box 898, Borrego Springs, CA 92004 San Diego County Fire Authorit 5510 Overland Av, San Diego, C 9212 1 (a) Name and address of organization (3) Julian/Cuyamaca Fire District (2) Borrego Springs Fire District 1364 Tavern Rd, Alpine, CA 91901 5253 5th Ave, Rainbow, CA 92028 (5) Valecitos School District P.O. Box 33, Julian, CA 92036 or government Part II Part I € € 9 9 **©**

Schedule I (Form 990) (2017)

Cat. No 50055P

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

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	mestic Individua	ils. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
}	Part III can be duplicated if additional space is needed	space is needed				, , , , , , , , , , , , , , , , , , ,
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of Valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
3						
4						
တ						
9						
7						
Part IV	Supplemental Information. Provide the inform	the information re	equired in Part I, lin	e 2; Part III, columr	ation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
Annually th	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	where all eligible fire	agencies in San Dieg	o County can submit a	request for funding for equit	oment or training. The Foundation
then seeks	then 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.	olications. If a dono	r specifies that their d	onation is to go to fun	dequipment at a specific fire	department, that request is honored
For all othe	For all other funds where the donor has not specified which department or equipment they wish to fund, the Fire Foundation Board prioritizes the remaining grant applications and funds	ch department or e	quipment they wish to	fund, the Fire Foundat	ion Board prioritizes the rem	aining grant applications and funds
as many as	as many as possible. The Fire Foundation requires all fire agencies	e agencies receivin	g a grant to supply rec	eipts or other support	ng evidence that the grant fu	receiving a grant to supply receipts or other supporting evidence that the grant funds were expended as set forth in the
grant. Fail	grant. Failure to provide the required documentation causes that fire department to be ineligible for future grants.	ses that fire depart	ment to be ineligible fo	r future grants.		
						Schedule I (Form 990) (2017)

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.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

33-0386687 San Diego Regional Fire & Emergency Services Foundation Part VI, Section B, Line 11b: The complete Form 990 was prepared and brought to the March 22, 2018 Fire Foundation Board meeting for a complete review and discussion by all board members present. The Board voted at that meeting to approve and file the 2017 Form 990 and schedules with the IRS prior to the May 15, 2018 deadline. 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 25, 2018 Board meeting. The Board agreed that no changes were needed to the Policy and all 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.