# **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

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

Open to Public

	aı Keven	ue Service	► Go to ww	w.irs.gov/Form990 fo	or instructions and	uie iatest	miormauon.		Inspect	LIUII
A F	or the	2018 cale	ndar year, or tax year beg	jinning Janua	ry 1 , 2018.	, and endir	ng Decer	mber 31	<b>, 20</b> 18	
<b>3</b> C	heck if	applicable	C Name of organization_San	Diego Regional Fire	& Emergency Serv	ices Foun	dation	D Employe	er identification n	umber
] <i>p</i>	ddress	change	Doing business as						330386687	
۱ [	lame ch	nange	Number and street (or P O. I	box if mail is not delivered	d to street address)	Room/su	ute	E Telephon	ne number	
J ,	nitial ret	um	2508 Historic Decatur Rd	1		Su	ute 200		619-814-1346	
٦ F	inal retu	m/terminated	0.1 . 1		reign postal code					
م [	mende	d return	San Diego, CA 92106-613	38				G Gross re	ceipts \$	435,99
			F Name and address of princip		Ault		7 H(a) Is this a c	roup return for s	subordinates? Ves	
			2508 Historic Decatur Rd			1772			s included? Yes	_
7	ах-өхө	mpt status.		501(c) ( ) ◀ (inser		<u> </u>	If "N	lo," attach a	list (see instruction	ns)
j v	Vebsite	: ► ww	w sdfirefoundation org			1//	H(c) Group	exemption	number 🕨	
<b>(</b> F	orm of			Association ☐ Other ▶	LY	ear of forma	ition 1989	M State	of legal domicile:	CA
Pa	rt I	Summ	ary		1					
	1	Briefly de	escribe the organization's	s mission or most s	ignificant activitie	s: Improv	ve the systen	of fire &	emergency ser	vices in
9		-	o County by providing fire		- 1					
Governance			ness, facilitate multi-juriso							
e T	2		is box ▶□ if the organia							
Š	3		of voting members of the					3		
8	4		of independent voting m			VI, line 1b)	)	4		
ies	5		nber of individuals emplo	_	• • •	-		5		
Activities &	6		nber of volunteers (estim	•				6	•	
Act	7a		elated business revenue	• •	mn (C), line 12			7a		
	b		lated business taxable in			╗		7b		
					CEIAFO		Prior Ye	ear	Current Yo	ear
	8	Contribu	tions and grants (Part VII	II, line 1b)		422,143		435,08		
ž	9		service revenue (Part VI		R 0 3 2019 -	030.		0		
Revenue	10		nt income (Part VIII, colu			\$ [		233		90
ď	11		enue (Part VIII, column (					0		
	12		enue-add lines 8 throug	` '		, <u> </u>		422,376		435,99
	13		nd similar amounts paid			<del>-                                    </del>		121,119		155,98
	14		paid to or for members (					0		
s	15		other compensation, emp		-	s 5–10)		0		
•	16a		onal fundraising fees (Pai	· ·				0		
ē	b		draising expenses (Part			Ţ	فسنسا			
ă	17		penses (Part IX, column			F		126,535	<del></del>	125,62
	18		penses. Add lines 13-17		•	25) .		247,654		281,60
	19	•	less expenses. Subtract	•				174,722		154,38
							Beginning of Cu		End of Ye	
Assets or d Balances	20	Total ass	ets (Part X, line 16) .					364,155		518,54
d Ba	21		ilities (Part X, line 26) .			[		0		
76 ⊂ i	22	Net asse	ts or fund balances. Sub	stract line 21 from lir	ne 20	[		364,155		518,54
Pa	rt II		ture Block		<del></del>	·	<del></del>		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	ry, I declare that I have examin	ed this return, including a	accompanying schedu	iles and state	ements and to f	he best of n	ny knowledne and	1 helief it
			lete. Declaration of preparer (ot						, and and	i bonoi, it
		T	1	# <del>//////</del>				3,	128/19	
Sigr	า	Sign	ature of officer	(mg			Da	ate		
Her	е		DAVIL H.	AUUT. A	D CLARD	ALDIA	1.1			
		Type	or print name and title	7,0 - 1 - 10	NAED W	* <del>\}</del> \~~~	*,/		<del></del>	
		Print/Ty	pe preparer's name	Preparer's signa	iture	П	ate	Obsert C	PTIN	<del></del>
Pai								Check L self-emp		
	pare		name >				F:	n's EIN ▶	<del>- 1</del>	
1 B	Onl	Firm's a	address >		<del> </del>			one no	<del></del>	
Us€										
	the IF	RS discus	s this return with the pre	parer shown above	? (see instructions	s)	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	Yas	s 🗍 No

6.8 12

13,504) (Revenue \$

242,534

Other program services (Describe in Schedule O.)

Total program service expenses ▶

13,504 including grants of \$

(Expenses \$

ABDI

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>~</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		<b>√</b>
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		1
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		<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		<b>√</b>
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		<b>&gt;</b>
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		<b>√</b>
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>&gt;</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	<b>&gt;</b>	

Form **990** (2018)

Part	Checklist of Required Schedules (continued)			
00	Did the appropriate country of the CC 000 of supplying a other country to be founded and individuals as		Yes	No
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	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	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
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		<b>√</b>
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		<b>√</b>
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		-
32	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		<b>✓</b>
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part				h
	Check if Schedule O contains a response or note to any line in this Part V	· .		
_		r —-	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	reportable garning (garnbing) wirinings to prize winners:	1 10	1 <b>v</b> 1	ı

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		<del></del> -	ــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<u> </u>
2-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?			<b>-</b>
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		<b>-</b>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		<u> </u>
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>✓</b>
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	08		<b>_</b>
D	gifts were not tax deductible?	6b		
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 and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>_</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			لــــا
9	sponsoring organization have excess business holdings at any time during the year?	. 0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		┌──
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		:	.
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources 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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	ļ.,
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<b>√</b>
	If "Yes," complete Form 4720, Schedule O.			igsqcut
		For	n <b>990</b>	(2018)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	tructi	
Cooti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	<u> </u>	• •	• •	V
Secu	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	<b>1a</b> 3			
	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 .	<b>1b</b> 3	-	4x + 2>	
2	Did any officer, director, trustee, or key employee have a family relationship or a business in a substant director and trustee and truste	elationship with			
•	any other officer, director, trustee, or key employee?		2		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		<b>√</b>
6	Did the organization have members or stockholders?		6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approva				
_	stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		✓
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exemple.		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<b>✓</b>	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	✓	
C	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"		,	
42	describe in Schedule O how this was done		12c	1	
13 14	Did the organization have a written whistleblower policy?		14	7	
15	Did the process for determining compensation of the following persons include a review a		'	-	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	ļļ	<b>√</b>
b	Other officers or key employees of the organization		15b		<b>√</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		- 0	-	ـ د
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a		<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	o safeguard the	16b		
Secti	on C. Disclosure	· · · · · · · · · · · · · · · · · · ·	וטטין		
17	List the states with which a copy of this Form 900 is required to be filed . CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain in Sci	it apply.	,		
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	nts, conflict of int	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization Frank Ault, 2508 Historic Decatur Rd Suite 200, San Diego, CA 92106-6138	on's books and re	cords	<b>&gt;</b>	

Form	aan	/201	0
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Part VII	Compensation of Officers, Directors, 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 no	r any related	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individual	unies er and	Pos eck s pe	more rson	than of the state	ee) Forme	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Frank H Ault, Board Chairman	10	<b>✓</b>	•	>		led		0	0	(
(2) Dana Quittner, Secretary	2	1		1			:	o	0	
(3) Susan Raimond, Board Treasurer	4	<b>&gt;</b>		<b>~</b>				0		
(4)			•							
(5)										
(6)										
(7)										
(8)										
(9)						_				
(10)	-		:							
(11)				<u> </u>						
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	-		lighe	st C	ompensated E	mployees (	continue	d)		
	. (A) Name and title	(B) Average hours per week (list any	box, u	unles er and	Pos neck ss pe d a d	rson Irect	e than one of the contract of	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	n from	Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)	1 ~ ~ 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M	ons	comp- froi orgai and	ensatio m the nization related nizations	n I
(15)						_	-	<del> </del>						
(16)				H	H	_	-	$\vdash$						
(17)						-		-				· · · ·	•	
(18)						-		-				<del></del> -		<del></del>
(19)													<del></del>	
(20)						-		_						
(21)						-		-				<del></del>		
(22)						_		_	<u> </u>		-			
(23)						-		$\vdash$			-			<del></del> -
(24)			-						<u> </u>		-			<del></del> -
(25)		†						_						
1b	Sub-total	VII, Section	n A		<u></u>	<u>L</u>	<u> </u>	<b>▶</b>	0		0			0
d								<b>▶</b>	0	L	00,000			C
	reportable compensation from the organi		1 to th		. 1150	.eu :		<i>=)</i> w	no received m			ار 		
3	Did the organization list any former of							emp		-			Yes	No
4	employee on line 1a? If "Yes," complete s For any individual listed on line 1a, is the	e sum of re	portat	ble d	com	nper	nsatio		and other comp		om the	3		1
	organization and related organizations individual											4		1
5	Did any person listed on line 1a receive of for services rendered to the organization											5		1
	on B. Independent Contractors					_								
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	iress							(B) Description of s	ervices	C	(C) compens	ation	
None									<del></del>					
								_						
								<del> </del>	·					
2	Total number of independent contractor received more than \$100,000 of compens							> th	nose listed abo	ove) who				

Part VIII		Statement of Revenue										
		Check if Schedule O	contains	a res	ponse or note to	any line in this	Part VIII		🗆			
<b>5</b> 3	5		·	-	u	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
ts ts	1a	Federated campaigns	3	1a								
iran	ь	Membership dues .		1b								
S, E	С	Fundraising events .		1c								
a H	d	Related organizations	·	1d								
s, C	e	Government grants (con	tributions)	1e		- 2.			ر شب د			
ioi	f						' '	•	•			
事を		and similar amounts not inc	luded above	1f	435,083							
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	led in lines 1a-	1f: \$								
g g	h	Total. Add lines 1a-1	f		🕨	435,083						
ne_					Business Code							
Ven	2a											
æ	b											
Ę.	С											
Ser	d								<del> </del>			
Ë	е								· · · · · · · · · · · · · · · · · · ·			
Program Service Revenue	f	All other program sen						<del> </del>				
	g	Total. Add lines 2a-2	f		<u> </u>							
	3	Investment income and other similar amo										
						907						
	4	Income from investment of tax-exempt bo										
	5	Royalties	(i) Real	• • •	(ii) Personal				·			
	6a	Gross rents	(7 / 104.		(4) / 5.55.14.							
	b	Less: rental expenses		-								
	C	Rental income or (loss)										
	ď	Net rental income or (	loss)									
	7a	Gross amount from sales of	(i) Secunti	es ·	(ii) Other				1			
	, a	assets other than inventory										
	ь	Less, cost or other basis										
		and sales expenses .										
	С	Gain or (loss)										
	d	Net gain or (loss)			▶							
anne	8a	Gross income from fu events (not including \$	ındraısing			æ		<b>3</b>	<i>-</i>			
Other Revenu		of contributions reporte See Part IV, line 18										
₹	h	Less: direct expenses										
Q		Net income or (loss) for			L							
		Gross income from ga See Part IV, line 19	ımıng activi	ties.		ē.						
	ь	Less: direct expenses	<b>.</b>	. b								
	С	Net income or (loss) for	rom gamin	g acti	vities ▶							
	10a	Gross sales of in returns and allowance										
		Less: cost of goods s										
	<u> </u>	Net income or (loss) for		of inve	1							
		Miscellaneous R	evenue		Business Code							
	11a	•••••										
	b				ļ							
	C	AD -AL			ļ							
	d	All other revenue .										
	e	Total. Add lines 11a-							·			
	12	Total revenue. See in	ISTRUCTIONS		🟲	435,990						

Form 99	90 (2018)				Page <b>1</b> (
Par	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, o, 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	155,983	155,983		
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			<sup>16</sup> ) ← ⊕ − ⊕ , ↓ .	© 3 A% 10
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	68,880	19,680	9,840
c d e	Accounting	400	280	80	40
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 13	Advertising and promotion	7,192 111	5,034 78	1,439 22	719 11
14 15	Information technology				
16 17 18	Occupancy	17,541	12,279	3,508	1,754
19	for any federal, state, or local public officials  Conferences, conventions, and meetings				
20 21	Interest				
22 23	Depreciation, depletion, and amortization . Insurance	1,444		1,444	
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	Bank Fees (including Paypal)	459			AFF
b c	Filing Fees	75		75	459
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	281,605	242,534	26,248	12,823
26	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)				

12,823

Р	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Par	t X		🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		13,812	1	21,056
	2	Savings and temporary cash investments	<u>+</u>	342,540		496,935
	3	Pledges and grants receivable, net		7,803		549
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and		,•		
		trustees, key employees, and highest co	emponsated employees.			சுத்≐ச் ((
		Complete Part II of Schedule L			5	
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunt organizations (see instructions). Complete Part II of Sche	nd contributing employers and lary employees' beneficiary		6	-
set	7	Notes and loans receivable, net	<b>j</b> _		7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges	<u> -</u>		9	
	10a	Land, buildings, and equipment: cost or	1, 11, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		9	
	,,,,	other basis. Complete Part VI of Schedule D	10a			
	<b>L</b>	•	10b		10c	
	11	Investments—publicly traded securities	L		11	<del></del>
	12	Investments—other securities. See Part IV, line	- L		12	·····
	13	Investments—program-related. See Part IV, line	<u> </u>		13	
	14	Intangible assets	) <del>-</del>	<del> </del>	14	
	15	Other assets. See Part IV, line 11			15	<del></del>
	16	Total assets. Add lines 1 through 15 (must equa		364,155	<del></del>	£40 £40
~	17	Accounts payable and accrued expenses		304,133	17	518,540
	18	Grants payable		18	····	
	19	Deferred revenue		19	······································	
	20	Tax-exempt bond liabilities	The state of the s		20	
	21	Escrow or custodial account liability. Complete I			21	
S	22	Loans and other payables to current and for	<u> </u>			
Liabilities	22	trustees, key employees, highest compen				
<u>=</u>	i I	disqualified persons. Complete Part II of Schedu			22	
Ë.	23	Secured mortgages and notes payable to unrela	<u> </u>		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated	` <u> </u>		24	<del></del>
	25	Other liabilities (including federal income tax,	·			
	20	parties, and other liabilities not included on lines				
		of Schedule D	, , , , , , , , , , , , , , , , , , , ,		25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ ☐ and			
Š		complete lines 27 through 29, and lines 33 and	d 34.		1	
ă	27	Unrestricted net assets		122,895	27	89,020
3al	28	Temporarily restricted net assets	F	241,260		429,520
<u> </u>	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds	·	· · · · · · · · · · · · · · · · · · ·	30	
se	31	Paid-in or capital surplus, or land, building, or ed	<b>-</b>		31	<del></del> <u></u>
Ä	32	Retained earnings, endowment, accumulated inc	· ·		32	
Ze :	33	Total net assets or fund balances	<b>—</b>	364,155	33	518,540
	34	Total liabilities and net assets/fund balances	<u>}-</u>	364,155		518,540
						Form <b>990</b> (2018)

Pag	<sub>le</sub> 1	2
		<u>]</u>
435	5,99	90
281	1,60	<u>)5</u>
154	1,38	35
364	1,15	55
		0
		0
		0
		0
		0
		_

#### Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . . . 1 1 2 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)) . . . 4 5 5 6 6 Donated services and use of facilities . . . 7 7 8 R 9 9 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . . . . Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 10 518,540 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No Accounting method used to prepare the Form 990: Cash Accrual 1 a - = If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis **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 on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c 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 Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За

b 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 (2018)

Form 990 (2018)

3b

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

San Diego Regional Fire & Emergency Services Foundation 330386687 Part I 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.) 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 (Form 990 or 990-EZ).) 3 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 33½% 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. 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, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

_	
Page	4

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						
	Part III. If the organization fails to						-
Secti	on A. Public Support					/	
	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017/	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		• •				
	membership fees received. (Do not						
	include any "unusual grants.")			1			
2	Tax revenues levied for the				/		
	organization's benefit and either paid			/	ļ	i	-
	to or expended on its behalf				}		
3	The value of services or facilities			-			
	furnished by a governmental unit to the				i		
	organization without charge						
4	Total. Add lines 1 through 3		ľ	1			
5	The portion of total contributions by						
_	each person (other than a	Ì					
	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	<i>#</i>			l	l.,	
	on B. Total Support			·	,		
	idar year (or fiscal year beginning in)	(a),2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,				i		
	payments received on securities loans,	<b> </b> "					
	rents, royalties, and income from						
	similar sources			ļ. <u> </u>	<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on				İ		•
40	Other income. Do not include gain or					-	
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	<u> </u>
13	First five years. If the Form 990 is for the				ı. or fifth tax v		n 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor				<del></del>		
14	Public support percentage for 2018 (line			11, column (f))		14	%
15	Public support percentage from 2017 Scl		-			15	%
16a	331/3% support test-2018. If the organi	ization did not	check the box	x on line 13, a	nd line 14 is 30	31/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	lorganization			▶ 🗆
b	331/3% support test-2017. If the organi	ization did not	check a box of	on line 13 or 16	Sa, and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		🕨 🗀
17a	10%-facts-and-circumstances test-2	<b>018.</b> If the org	anization did n	not check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or/more, and if the organization me	eets the "facts	-and-circumst	ances" test, cl	neck this box a	and <b>stop here</b> .	Explain in
	Part VI how the organization meets the '	facts-and-circ	umstances" te	est. The organi	zation qualifie:	s as a publicly	supported
	organization						▶ 🗆
b	10%-facts-and-circumstances test-2	<b>017.</b> If the org	anızatıon dıd r	not check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization	ation meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
	Explain in Part VI how the organization r	neets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						▶ 🗆
18/	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						▶ 🛮

## 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 tes	ts listed belo	w, please cor	nplete Part II	.)	
<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨 🛭	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	491,143	605,418	387,478	422,143	435,083	2,341,265
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 organization without charge		•				
6	Total. Add lines 1 through 5	491,143	605,418	387,478	422,143	435,083	2,341,265
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	49,200	52,000	41,500	28,600	13,500	184,800
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		,				
С	Add lines 7a and 7b	49,200	52,000	41,500	28,600	13,500	184,800
8	Public support. (Subtract line 7c from						
	line 6.)						2,156,465
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	491,143	605,418	387,478	422,143	435,083	2,341,265
10a	Gross income from interest, dividends,					j	
	payments received on securities loans, rents,			1			
	royalties, and income from similar sources.	126	285	221	233	907	1,772
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	126	285	221	233	907	1,772
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	491,269	605,703	387,699	422,376	435,990	2,343,037
14	First five years. If the Form 990 is for the organization, check this box and stop her	_		, third, fourth,	•		
Secti	on C. Computation of Public Suppor	t Percentage	)				
15	Public support percentage for 2018 (line 8	B, column (f), div	vided by line 1	3, column (f))		15	92.0 %
16	Public support percentage from 2017 Sch		-			16	90.2 %
Secti	on D. Computation of Investment Inc						<del></del>
17	Investment income percentage for 2018 (i		<del></del>	y line 13, colun	nn (f))	17	0.08 %
18	Investment income percentage from 2017	Schedule A, P	art III, line 17			18	0.05 %
19a	3312% support tests—2018. If the organi 17 is not more than 3312%, check this box						
b	331/3% support tests—2017. If the organiz line 18 is not more than 331/3%, check this b	ation did not ch	eck a box on li	ne 14 or line 19	a, and line 16	is more than 3	3 <sup>1</sup> /3%, and
20	Private foundation. If the organization did		_		•	-	

### Part IV 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 <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).			
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		
<b>4</b> a	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 <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		
C	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		
b	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?	5b	_	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	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 chantable 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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI.</b>	9c		
10a				
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		<del>                                     </del>
~	determine whether the organization had excess business holdings.)	10b	<del>                                     </del>	

Page 5
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Part	V 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		
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		
Section	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	ŀ		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	ŀ		
	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.			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			لسسا
	supervised, or controlled the supporting organization.	2		L
Section	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			j
	the supported organization(s).			
04		1		
Section	on D. All Type III Supporting Organizations			
1	Did the expenient on provide to each of its supported expensestions, but the last day of the fifth month of the		Yes	No
	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	İ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<b></b>		<del>                                     </del>
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<b>-</b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		<del>                                     </del>
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			i
	supported organizations played in this regard.	3		
Section	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 i	nstru	ctions	 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	struct	ions).
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	İ		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those 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		Ļ
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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
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			<b> </b>
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ,
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>		
	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 instructions. All other Type III non-functionally integrated supporting organ			
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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(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		, i
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).	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		
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	i) Supporting Organi	zations (continuea)	
Secti	on D—Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
5	Qualified set-aside amounts (pnor IRS approval required)	<del></del>	<del></del>	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	<del> </del>		· · · · · ·
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
10	Line 8 amount divided by line 9 amount	<del></del>		
			(ii)	(iii)
Secti	on E—Distribution Allocations (see Instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	Frum 2013	<del></del>		
	From 2014			
	From 2015	· · · · · · · · · · · · · · · · · ·	- '1.1.1.1	
	From 2016	<del></del>	,	
e	From 2017			
f	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount		**************************************	· · · · · · · · · · · · · · · · · · ·
i	Carryover from 2013 not applied (see instructions)	<u> </u>		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from	<del>- *** - * * * * * * * * * * * * * * * *</del>	<del>* *</del>	
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount		<u> </u>	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:		-	
a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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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.)
	······································
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# **SCHEDULE 1** (Form 990)

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

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

► Attach to Form 990.

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

Open to Public Inspection OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service		▼ Go to v	P Attacn to rorm 990. Go to <i>www.irs.gov/Form</i> 990 for the latest information.	Attacn to Form 990. v/Form990 for the latest info	ormation		Open to Public Inspection
Name of the organization						Employe	Employer identification number
90 Re	Services Foundat	ion					330386687
Part I General Information on Grants and Assistance	on Grants and	Assistance					
<ul> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	in records to subservants grants zation's procedule	stantiate the amou or assistance? es for monitoring	nt of the grants or the use of grant fur	assistance, the g	rantees' eligibility fo	or the grants or assistanc	e, and Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do y recipient that	mestic Organiz	ations and Dom an \$5,000. Part	estic Governm I can be duplica	ents. Complete if ited if additional sp	the organization answ pace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Alpine Fire Protection District 1364 Tavern Rd, Alpine, CA 91901	95-2701432		9.500				
(2) Borrego Springs Fire District Box 898, Borrego Springs, CA 92004	95-2234254		23.000				
(3) Cal Fire							
(4) Iverson Foundation for Active	000		874'/1				
Awareness	83-0976931		12,004				
(5) 420 N Twin Oaks Valley Rd #2775, San Marcos, CA 92069							
(6) San Diego County Fire Authorit	یوه د		77 550				
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	vernment organiza	ions listed in the li	ne 1 table			2
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	gamzations iister	s for Form 990.			Cat. No 50055P		Schedule I (Form 890) (2018)

Schedule I (F	Schedule I (Form 990) (2018)					Page 2
Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.	nestic Individuals. space is needed.	<u>8</u>	organization answe	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	Part IV, line 22.
	(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				·		
က						
4						
ß						
9						
7	•					
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	he information re	equired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.
then seeks	then seeks donors to contribute and fund these grant applications. If		specifies that their do	onation is to go to fund	equess for runding for equil equipment at a specific fire	a donor specifies that their donation is to go to fund equipment 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	:h department or ec	quipment they wish to	fund, the Fire Foundati	on Board prioritizes the rem	aining grant applications and funds
as many as	as many as possible. The Fire Foundation requires all fire agencies receiving a grant to supply receipts or other supporting evidence that the grant funds were expended as set forth in the	agencies receiving	g a grant to supply reco	eipts or other supportir	ng evidence that the grant fu	nds 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.	es that fire departn	ment to be ineligible for	r future grants.	٠	
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

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

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

Name of the organization **Employer identification number** San Diego Regional Fire and Emergency Services Foundation 330386687 Part III, line 4d - The fourth program of the Fire Foundation is to support other 501c3 organizations which support the fire service. Grants were made to the Iverson Foundation for Active Awareness to support mental health issues of firefighters in San Diego County (\$12,004) and the California Fire Foundation to support victims of the Camp Fire in Paradise, CA (\$1,500). Part VI, Line 11b - The complete Form 990 was prepared and brought to the March 28, 2019 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 2018 Form 990 and schedules with the IRS prior to the May 15, 2019 deadline. Part VI, Line 12c - The conflict of Interest Policy, which was originally approved by the Board on March 28, 2013, was reviewed at the January 24, 2019 Board meeting. The Board agreed that no changes were needed to the Policy and all Board members signed their annual statement lisiting potential conflicts. Part VI, 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.

Schedule O (Form 990 or 990-EZ) (2018)		Page Z
Name of the organization	Employer identification number	
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