

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">CALIFORNIA FIRE FOUNDATION</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">1780 CREEKSIDE OAKS DRIVE</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">SACRAMENTO CA 95833</p>	D Employer identification number <p style="text-align: center;">68-0118991</p> E Telephone number <p style="text-align: center;">916-921-9111</p> G Gross receipts \$ 13,033,664
F Name and address of principal officer: <p style="text-align: center;">MIKE LOPEZ 1780 CREEKSIDE OAKS DRIVE SACRAMENTO CA 95833</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u CAFIREFOUNDATION.ORG		L Year of formation: 1987 M State of legal domicile: CA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">VICTIM ASSISTANCE AND FIRE SAFETY EDUCATION.</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,421,011	Current Year 12,324,879
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,991	55,089
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	137,605	376,241
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,587,607	12,756,209
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	685,596
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		241,618	269,469
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) u 170,299			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,147,302	1,849,583
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,074,516	5,798,443	
19 Revenue less expenses. Subtract line 18 from line 12	513,091	6,957,766	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,690,853	End of Year 10,374,279
	21 Total liabilities (Part X, line 26)	166,086	999,541
	22 Net assets or fund balances. Subtract line 21 from line 20	2,524,767	9,374,738

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p style="text-align: center;">MIKE LOPEZ</p> Type or print name and title	Date <p style="text-align: center;">TREASURER</p>
	Print/Type preparer's name <p>DAVID C WILSON</p>	Preparer's signature Date <p>11/04/19</p>
Paid Preparer Use Only	Firm's name } GRANT BENNETT ASSOCIATES Firm's address } 1375 EXPOSITION BLVD STE 230 SACRAMENTO, CA 95815-5143	Firm's EIN } 94-2692073 Phone no. 916-922-5109

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 820,444 including grants of \$ 208,490) (Revenue \$)
THE CFF PROVIDES INFORMATION ABOUT FIRE SAFETY AND CONDUCTS PUBLIC OUTREACH AND EDUCATION THROUGH ITS PUBLIC EDUCATION CAMPAIGN, "FIREFIGHTERS ON YOUR SIDE". THIS PUBLIC EDUCATION CAMPAIGN TEACHES MEMBERS OF THE PUBLIC THROUGHOUT CALIFORNIA TO PREVENT AND PREPARE FOR FIRES THROUGH TOPICS AND STRATEGIES PRESENTED THROUGH PERSON-TO-PERSON WORKSHOPS, PRINT AND ELECTRONIC MEDIA. THE CFF HOLDS AN ANNUAL PUBLIC MEMORIAL CEREMONY TO HONOR AND REMEMBER THE ULTIMATE SACRIFICE OF FALLEN FIRE FIGHTERS.

4b (Code:) (Expenses \$ 4,622,538 including grants of \$ 3,458,901) (Revenue \$)
THE CFF ASSISTS VICTIMS AND FAMILIES DEVASTATED BY FIRE AND OTHER MAJOR DISASTERS BY WORKING CLOSELY WITH LOCAL FIREFIGHTERS IN THEIR COMMUNITIES. WHEN DISASTER STRIKES, FIREFIGHTERS ARE THE FIRST RESPONDERS AND BEST ABLE TO IDENTIFY UNMET NEEDS IN THEIR AREA AND HELP CARRY OUT PROGRAMS TO ENHANCE SERVICES BEFORE, DURING AND AFTER THE ALARM. THE FOUNDATION PROVIDES EMERGENCY ASSISTANCE AND SUPPORT TO FAMILIES OF FALLEN FIREFIGHTERS AND THEIR FAMILIES.

4c (Code:) (Expenses \$ 12,000 including grants of \$ 12,000) (Revenue \$)
THE CALIFORNIA FIRE FOUNDATION PROVIDES SCHOLARSHIPS TO CHILDREN OF FALLEN FIREFIGHTERS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u 5,454,982

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
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		X
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		X
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)		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	

Part IV Checklist of Required Schedules (continued)

		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		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		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V 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	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
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, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: u 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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
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	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 12, Yes, No. Rows include questions about voting members, family relationships, and governance procedures.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records u

MIKE LOPEZ
SACRAMENTO

1780 CREEKSIDE OAKS DRIVE

CA 95833

916-921-9111

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOU PAULSON	5.00									
PRESIDENT	55.00	X		X			0	54,699	6,439	
(2) LEW STONE	5.00									
TREASURER	35.00	X		X			0	19,485	0	
(3) MIKE LOPEZ	5.00									
TREASURER	35.00	X		X			3,230	27,570	0	
(4) CHRIS MAHON	1.00									
DIRECTOR	6.00	X					1,550	0	0	
(5) BOBBY WEIST	1.00									
DIRECTOR	6.00	X					0	0	0	
(6) JEFF DELBONO	1.00									
DIRECTOR	6.00	X					0	0	0	
(7) MICHAEL MASSONE	1.00									
DIRECTOR	6.00	X					1,835	12,185	0	
(8) TONY GAMBOA	1.00									
DIRECTOR	6.00	X					0	0	0	
(9) DAVE GILLOTTE	1.00									
DIRECTOR	6.00	X					0	0	0	
(10) DANIEL A. TERRY	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) BRIAN RICE	5.00									
PRESIDENT	55.00	X		X			0	99,718	1,220	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ROSE CONROY	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) TIM STRACK	1.00									
DIRECTOR	6.00	X					1,835	11,300	0	
(14) JAIR JUAREZ	1.00									
DIRECTOR	6.00	X					0	0	0	
(15) CLIFF ALLEN	1.00									
DIRECTOR	6.00	X					470	0	0	
(16) RICK MARTINEZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) HEDVA JALON	45.00									
FOUNDATION DIRECTOR	0.00				X		106,847	0	12,731	
1b Sub-total							115,767	224,957	20,390	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							115,767	224,957	20,390	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MARIEL'S TOURS, INC. MIAMI FL 33137	4770 BISCAYNE BLVD., STE. 900 TALENT	500,000
IMPRENTA COMMUNICATIONS GROUP SAN MARINO CA 91108	2275 HUNTINGTON DRIVE, STE. 850 CONSULTING	390,000
SUNSHINE SACHS WEST NEW YORK NY 10016	136 MADISON AVENUE, 17TH FLOOR CONSULTING	216,441
THE MARKHAM GROUP, LLC LITTLE ROCK AR 72201	1000 W 3RD STREET PROD CONSULTING	125,238

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 4**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,324,879				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	12,324,879				
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	49,903			49,903	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		83,511	839				
	b Less: cost or other basis & sales exps.	78,214	950				
	c Gain or (loss)	5,297	-111				
	d Net gain or (loss)	u	5,186			5,186	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	573,941				
		b Less: direct expenses	198,291				
c Net income or (loss) from fundraising events	u	375,650			375,650		
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a	590					
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u	590			590		
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS INCOME		900099	1			1	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		1				
12 Total revenue. See instructions.	u		12,756,209	0	0	431,330	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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	980,827	980,827		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,698,564	2,698,564		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,920	8,920		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	222,993	200,692	8,921	13,380
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,865	12,478	555	832
9 Other employee benefits	5,166	4,649	207	310
10 Payroll taxes	18,525	16,734	707	1,084
11 Fees for services (non-employees):				
a Management				
b Legal	10,500	9,450	420	630
c Accounting	9,225		9,225	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	10,065	10,065		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	261,573	259,452	1,050	1,071
13 Office expenses	57,603	49,328	7,492	783
14 Information technology	32,569	11,755	19,548	1,266
15 Royalties				
16 Occupancy	29,733	26,330	1,648	1,755
17 Travel	200,099	197,344	684	2,071
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,724	21,546	130	48
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,481	8,533	379	569
23 Insurance	1,152	1,037	46	69
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.)				
a MISCELLANEOUS	485,338	484,501		837
b SERVICE FEES	265,800	44,282	88,594	132,924
c PRINTING COSTS	138,028	128,431	1,334	8,263
d FEES	107,401	85,039	22,370	-8
e All other expenses	209,292	195,025	9,852	4,415
25 Total functional expenses. Add lines 1 through 24e	5,798,443	5,454,982	173,162	170,299
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	200	1	200
	2	Savings and temporary cash investments	1,526,218	2	8,653,260
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	224,395	4	216,155
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,915	8	5,336
	9	Prepaid expenses and deferred charges	244,297	9	868,257
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 177,706		
	b	Less: accumulated depreciation	10b 170,414	10c	7,292
	11	Investments—publicly traded securities	673,243	11	619,302
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	12,152	14	4,477
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,690,853	16	10,374,279	
Liabilities	17	Accounts payable and accrued expenses	166,086	17	124,541
	18	Grants payable		18	
	19	Deferred revenue		19	875,000
	20	Tax-exempt bond liabilities		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	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	166,086	26	999,541
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,660,108	27	6,146,460
	28	Temporarily restricted net assets	864,659	28	3,228,278
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,524,767	33	9,374,738	
34	Total liabilities and net assets/fund balances	2,690,853	34	10,374,279	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,756,209
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,798,443
3	Revenue less expenses. Subtract line 2 from line 1	3	6,957,766
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,524,767
5	Net unrealized gains (losses) on investments	5	-107,795
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,374,738

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number

68-0118991

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)**.
- 4 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:
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 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.
 - a **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.**
 - 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.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,189,480	1,447,433	1,278,912	2,421,011	12,324,879	18,661,715
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	1,189,480	1,447,433	1,278,912	2,421,011	12,324,879	18,661,715
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)						1,938,612
6 Public support. Subtract line 5 from line 4						16,723,103

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,189,480	1,447,433	1,278,912	2,421,011	12,324,879	18,661,715
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,066	35,954	22,000	25,939	49,903	152,862
9 Net income from unrelated business activities, whether or not the business is regularly carried on					375,241	375,241
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						19,189,818

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	87.15 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	82.42 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check 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 tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," 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 was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a			
b	A family member of a person described in (a) above?		
11b			
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c			

Section 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 tax year? <i>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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2			

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1			

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 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 organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3			

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify 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.</i>		
2a			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b			
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
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-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) 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 Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number

68-0118991

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	864,568	709,397	594,900	549,178	383,470
b Contributions	99,540	33,629	79,265	70,882	153,905
c Net investment earnings, gains, and losses	-66,856	121,542	35,232	-25,160	11,803
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	897,252	864,568	709,397	594,900	549,178

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 100.00 %
 - b** Permanent endowment **u** %
 - c** Temporarily restricted endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		44,791	38,366	6,425
e Other		132,915	132,048	867
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				7,292

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) through (9), and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	12,846,706
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-107,795
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-107,795
3	Subtract line 2e from line 1	3	12,954,501
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-198,292
c	Add lines 4a and 4b	4c	-198,292
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,756,209

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,996,735
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	198,292
e	Add lines 2a through 2d	2e	198,292
3	Subtract line 2e from line 1	3	5,798,443
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,798,443

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

PROVIDE SCHOLARSHIPS TO CHILDREN OF CALIFORNIA FIREFIGHTERS WHO HAVE FALLEN IN THE LINE OF DUTY.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DIRECT EVENT EXPENSES \$ **-198,292**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT EVENT EXPENSES \$ **198,292**

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number

68-0118991

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>GALA 2018</u>	<u>FIREFIIGHTERS AP</u>	<u>8</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	436,558	117,052	20,331	573,941
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	436,558	117,052	20,331	573,941
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	40,911			40,911
	8	Entertainment	7,500			7,500
	9	Other direct expenses	111,715	19,458	18,707	149,880
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					375,650

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number

68-0118991

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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)	CA STATE PROTOCOL FOUNDATION 1787 TRIBUTE ROAD, SUITE K SACRAMENTO CA 95815	94-3399698		25,000				SEE PART IV
(2)	FIREFIGHTERS BURN INSTITUTE 3101 STOCKTON BLVD SACRAMENTO CA 95820	23-7364927			10,239	FMV	PRINTING SVCS	SEE PART IV
(3)	FIREFIGHTERS CANCER SUPPORT NETWORK 2600 W OLIVE AVE, 5TH FLOOR PMB 608 BURBANK CA 91505	20-4192265		10,000	1,546	FMV	PRINTING SVCS	SEE PART IV
(4)	JOHN BURTON ADVOCATES FOR YOUTH 235 MONTGOMER STREET, SUITE 1142 SAN FRANCISCO CA 94104	81-2600695		10,000				SEE PART IV
(5)	SAFETY BLITZ FOUNDATION 5045 FRANKLIN AVENUE WACO TX 76710	47-4514114		100,000				SEE PART IV
(6)	ALAMEDA COUNTY FIRE DEPARTMENT 6363 CLARK AVE. DUBLIN CA 94568	94-3175000		10,000				WILDFIRE MITIGATION
(7)	ALPINE FIRE PROTECTION DISTRICT 1364 TAVERN ROAD ALPINE CA 91901	95-2701432		7,278				WILDFIRE MITIGATION
(8)	ARCATA VOLUNTEER FIREFIGHTER'S ASSO 2149 CENTRAL AVENUE MCKINLEYVILLE CA 95519	32-0225711		15,000				WILDFIRE MITIGATION
(9)	BAKERSFIELD FIRE DEPARTMENT 2101 H STREET BAKERSFIELD CA 93301	95-6000672		15,000				WILDFIRE MITIGATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 4**
- 3 Enter total number of other organizations listed in the line 1 table **u 62**

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number
68-0118991

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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)	BARSTOW FIRE PROTECTION DISTRICT 861 BARSTOW ROAD BARSTOW CA 92311	95-6000675		12,310				WILDFIRE MITIGATION
(2)	BENICIA FIRE DEPARTMENT 250 EAST L STREET BENICIA CA 94510	94-6000298		15,000				WILDFIRE MITIGATION
(3)	BIG BEAR FIRE AUTHORITY P.O. BOX 2830 BIG BEAR LAKE CA 92315	46-0706334		10,000				WILDFIRE MITIGATION
(4)	BODEGA BAY FIRE DEPARTMENT P.O. BOX 6 BODEGA BAY CA 94923	68-0048382		7,366				WILDFIRE MITIGATION
(5)	BREA FIRE DEPARTMENT 1 CIVIC CENTER CIRCLE BREA CA 92821	95-6000681		7,017				WIDFIRE MITIGATION
(6)	CENTRAL CALAVERAS FIRE & RESCUE PRO 19927 JESUS MARIA ROAD MOKELUMNE HILL CA 95245	68-0435555		15,000				WILDFIRE MITIGATION
(7)	CITY OF CHOWCHILLA FIRE DEPARTMENT 130 SOUTH 2ND STREET CHOWCHILLA CA 93610	94-6000309		11,860				WILDFIRE MITIGATION
(8)	CITY OF NAPA FIRE DEPARTMENT 930 SEMINARY NAPA CA 95476	94-6000380		15,000				WILDFIRE MITIGATION
(9)	CITY OF NEWMAN P.O. BOX 787 NEWMAN CA 95360	94-6000381		13,500				WILDFIRE MITIGATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number
68-0118991

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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)	CITY OF RED BLUFF FIRE DEPARTMENT 555 WASHINGTON STREET RED BLUFF CA 96080	94-6000400		10,000				WILDFIRE MITIGATION
(2)	CITY OF RICHMOND 440 CIVIC CNTR PLAZA, SECOND FLOOR RICHMOND CA 94804	94-6000403		15,000				WILDFIRE MITIGATION
(3)	CITY OF SAN LUIS OBISPO, FIRE DEPT 990 PALM STREET SAN LUIS OBISPO CA 93401	95-6000781		10,500				WILDFIRE MITIGATION
(4)	CITY OF SANTA CRUZ FIRE DEPARTMENT 230 WALNUT AVENUE SANTA CRUZ CA 95060	94-6000427		12,000				WILDFIRE MITIGATION
(5)	CITY OF YUBA CITY - FIRE DEPARTMENT 824 CLARK AVENUE YUBA CITY CA 95991	94-6000460		25,000				WILDFIRE MITIGATION
(6)	CITY OF YUCAIPA FIRE DEPARTMENT 34272 YUCAIPA BLVD. YUCAIPA CA 92399	33-0383731		9,000				WILDFIRE MITIGATION
(7)	CONTRA COSTA CNTY FIRE PROTECTION 4005 PORT CHICAGO HIGHWAY SUITE 250 CONCORD CA 94520	94-6000509		12,500				WILDFIRE MITIGATION
(8)	EAST CONTRA COSTA FIRE PROTECTION 150 CITY PARK WAY BRENTWOOD CA 94513	38-3940513		13,864				WILDFIRE MITIGATION
(9)	GEYSERVILLE FIRE PROTECTION DIST P.O. BOX 217 GEYSERVILLE CA 95441	68-0400800		15,000				WILDFIRE MITIGATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

**SCHEDULE I
(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.
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OMB No. 1545-0047

2018

**Open to Public
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Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number
68-0118991

Part I General Information on Grants and Assistance

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Part II 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)	GILROY FIRE DEPARTMENT 7070 CHESTNUT STREET GILROY CA 95020	94-6000340		14,312				WILDFIRE MITIGATION
(2)	GOLD RIDGE FIRE PROTECTION DISTRICT 4500 HESSEL ROAD SEBASTOPOL CA 95472	94-2705778		10,000				WILDFIRE MITIGATION
(3)	GRATON FIRE PROTECTION DISTRICT P.O. BOX A GRATON CA 95444	52-1769329		14,751				WILDFIRE MITIGATION
(4)	HEALDSBURG FIRE DEPARTMENT 601 HEALDSBURG AVENUE HEALDSBURG CA 95448	68-0445657		10,000				WILDFIRE MITIGATION
(5)	HERLONG PUBLIC UTILITY DISTRICT P.O. BOX 115 HERLONG CA 96113	26-2254351		5,232				WILDFIRE MITIGATION
(6)	HOPLAND FIRE PROTECTION DISTRICT P.O. BOX 463 HOPLAND CA 95449	68-0404867		7,759				WILDFIRE MITIGATION
(7)	LA HABRA HEIGHTS FIRE DEPARTMENT 1245 HACIENDA ROAD LA HABRA CA 90631	95-3334499		10,000				WILDFIRE MITIGATION
(8)	LAKE SHASTINA FIRE DEPARTMENT 16320 EVERHART DRIVE WEED CA 96094	94-2623194		6,100				WILDFIRE MITIGATION
(9)	LITTLE LAKE FIRE PROTECTION DIST 74 E. COMMERCIAL STREET WILLITS CA 95490	94-2423168		13,666				WILDFIRE MITIGATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number
68-0118991

Part I General Information on Grants and Assistance

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(1)	LONG BEACH FIREFIGHTERS ASS LOCAL 2201 CHERRY AVENUE SUITE#100 SIGNAL HILL CA 90755	95-6096691		10,000				WILDFIRE MITIGATION
(2)	MAMMOTH LAKES FIRE PROTECTION DIST P.O. BOX 5 MAMMOTH LAKES CA 93546	95-2849276		15,000				WILDFIRE MITIGATION
(3)	MARIN COUNTY FIRE DEPARTMENT 33 CASTLE ROCK AVE. WOODACRE CA 94973	94-6000519		14,868				WILDFIRE MITIGATION
(4)	MAYACAMAS VOLUNTEER FIRE DEPARTMENT P.O. BOX 225 GLEN ELLEN CA 95442	94-2750728		6,000				WILDFIRE MITIGATION
(5)	MCCARTHER FIRE PROTECTION DISTRICT P.O. BOX 670 MCCARTHER CA 96056	45-3480832		15,000				WILDFIRE MITIGATION
(6)	MONTEZUMA VALLEY VOLUNTEER FIRE DEP 37370 MONTEZUMA VALLEY ROAD RANCHITA CA 92066	95-3173208		7,300				WILDFIRE MITIGATION
(7)	MORAGA-ORINDA FIRE DISTRICT 1280 MORAGA WAY MORAGA CA 94556	91-1830550		15,000				WILDFIRE MITIGATION
(8)	MURPHYS FIRE PROTECTION DISTRICT P.O. BOX 1260 MURPHYS CA 95247	94-1699315		15,000				WILDFIRE MITIGATION
(9)	NAPA COUNTY FIRE DEPARTMENT 1199 BIG TREE RD SAINT HELENA CA 94574	94-6000525		15,000				WILDFIRE MITIGATION

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Schedule I (Form 990) (2018)

**SCHEDULE I
(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.
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OMB No. 1545-0047

2018

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Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number

68-0118991

Part I General Information on Grants and Assistance

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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)	NEVADA COUNTY CONSOLIDATED FIRE DIS 640 COYOTE STREET NEVADA CITY CA 95959	68-0243960		8,000				WILDFIRE MITIGATION
(2)	NORTH TAHOE FIRE PROTECTION DIST P.O. BOX 5879, 222 FAIRWAY DRIVE TAHOE CITY CA 96145	68-0299709		6,600				WILDFIRE MITIGATION
(3)	NORTHSTAR FIRE DEPARTMENT 910 NORTHSTAR DRIVE TRUCKEE CA 96161	68-0243256		15,000				WILDFIRE MITIGATION
(4)	PASADENA FIREFIGHTER ASS LOCAL 809 3190 GALVESTON AVENUE SIMI VALLEY CA 93063	95-6059562		15,000				WILDFIRE MITIGATION
(5)	PINOLE FIRE DEPARTMENT 880 TENNENT AVE. PINOLE CA 94564	94-6000394		10,000				WILDFIRE MITIGATION
(6)	RANCHO ADOBE FIRE PROTECTION DIST P.O. BOX 1029 PENNGROVE CA 94951	94-6050034		15,000				WILDFIRE MITIGATION
(7)	RANCHO CUCAMONGA FIRE PROTECTION P.O. BOX 807 RANCHO CUCAMONGA CA 91729	95-3213002		10,000				WILDFIRE MITIGATION
(8)	RANCHO SANTA FE FIRE PROTECTION DIS P.O. BOX 410 RANCHO SANTA FE CA 92067	95-6004231		10,000				WILDFIRE MITIGATION
(9)	RODEO - HERCULES FIRE PROTECTION 1680 REFUGIO VALLEY ROAD HERCULES CA 94547	68-0006334		15,000				WILDFIRE MITIGATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

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Employer identification number

68-0118991

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- 1 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? Yes No
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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)	SAN ANTONIO VOLUNTEER FIRE DEPT P.O. BOX 4954 PETALUMA CA 94955	68-0596157		18,500				WILDFIRE MITIGATION
(2)	SAN BRUNO FIRE DEPARTMENT 555 EL CAMINO ROAD SAN BRUNO CA 94066	94-6000414		14,840				WILDFIRE MITIGATION
(3)	SCOTT VALLEY FIRE PROTECTION DIST P.O. BOX 130 GREENVIEW CA 96037	68-0267126		15,000				WILDFIRE MITIGATION
(4)	SOUTH LAKE COUNTY FIRE P.O. BOX 1360 MIDDLETOWN CA 95461	94-2214592		15,000				WILDFIRE MITIGATION
(5)	STONES BENGARD COMMUNITY SRVCS DIST 509-695 STONE ROAD SUSANVILLE CA 96130	68-0362673		10,450				WILDFIRE MITIGATION
(6)	TEHAMA COUNTY FIRE DEPARTMENT 604 ANTELOPE BLVD RED BLUFF CA 96080	94-6000543		14,923				WILDFIRE MITIGATION
(7)	TIMBER COVE FIRE PROTECTION DIST 30800 SEAVIEW ROAD CAZADERO CA 95421	94-6000539		12,416				WILDFIRE MITIGATION
(8)	TRINITY CENTER VOLUNTEER FIRE DEPT P.O. BOX 191 TRINITY CENTER CA 96091	68-0363512		14,400				WILDFIRE MITIGATION
(9)	TUOLUMNE COUNTY FIRE 2 SOUTH GREEN STREET SONORA CA 95370	94-6000547		15,000				WILDFIRE MITIGATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

**SCHEDULE I
(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.
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number

68-0118991

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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)	UKIAH VALLEY FIRE AUTHORITY 1500 S STATE STREET UKIAH CA 95482	94-6000446		7,500				WILDFIRE MITIGATION
(2)	WEAVERVILLE FIRE DISTRICT P.O. BOX 447 WEAVERVILLE CA 96093	94-6038146		14,850				WILDFIRE MITIGATION
(3)	WEST POINT FIRE PROTECTION DISTRICT P.O. BOX 315 WEST POINT CA 95255	90-0016025		10,940				WILDFIRE MITIGATION
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional 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
1 INDIVIDUAL SCHOLARSHIPS	6	12,000			
2 FIREFIGHTER CANDIDATE SCH	87	11,425			
3 VICTIM ASSISTANCE PROGRAM	11766	2,675,139			
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2018, or tax year beginning , and ending

2018

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number

68-0118991

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ALL PROGRAMS AND REQUESTS ARE REVIEWED BY THE DIRECTOR AND/OR COMMITTEE OF BOARD MEMBERS.

SCHOLARSHIPS AWARDED TO INDIVIDUALS ARE BASED ON PRESCRIBED ELIGIBILITY GUIDELINES AS ESTABLISHED BY THE BOARD OF DIRECTORS. APPLICATIONS ARE REVIEWED AND APPROVED BY THE BOARD.

ASSISTANCE IS PROVIDED TO THE VICTIMS FOR IMMEDIATE RELIEF BASED ON THE PRESCRIBED LOSS CRITERIA ESTABLISHED BY THE BOARD MEMBERS.

PART IV - ADDITIONAL INFORMATION

SAFETY BLITZ FOUNDATION:

TO PROVIDE IDENTIFICATION KIT FOR CHILDREN ACROSS AMERICA.

CALIFORNIA STATE PROTOCOL FOUNDATION:

TO LESSEN THE BURDEN ON CALIFORNIA TAXPAYERS BY RELIEVING THE STATE OF CALIFORNIA OF ITS OBLIGATIONS TO FUND CERTAIN EXPENDITURES.

FIREFIGHTERS CANCER SUPPORT NETWORK:

TO PROVIDE IMMEDIATE ASSISTANCE AND PEER-TO-PEER MENTORING TO ACTIVE AND RETIRED FIREFIGHTERS AND THEIR IMMEDIATE FAMILIES FOLLOWING A CANCER DIAGNOSIS, AND DELIVER EXTENSIVE FIREFIGHTER CANCER AWARENESS AND PREVENTION TRAINING NATIONWIDE.

FIREFIGHTERS BURN INSTITUTE:

TO PROMOTE BURN RECOVERY, PREVENTION, EDUCATION, AND RESEARCH.

Supplemental Information

**SCHEDULE I
(Form 990)**

For calendar year 2018, or tax year beginning , and ending

2018

Name of the organization

CALIFORNIA FIRE FOUNDATION

Employer identification number

68-0118991

**JOHN BURTON ADVOCATES FOR YOUTH:
TO IMPROVE QUALITY OF LIFE FOR CA'S HOMELESS CHILDREN AND PREVENT
HOMELESSNESS.**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

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68-0118991

FORM 990 - ORGANIZATION'S MISSION

THE CALIFORNIA FIRE FOUNDATION (CFF) IS A PUBLIC BENEFIT CHARITY THAT PROVIDES ASSISTANCE TO VICTIMS OF FIRE AND CONDUCTS PUBLIC EDUCATION CAMPAIGNS ABOUT FIRE SAFETY AND THE DEVASTATING EFFECTS OF FIRE. IT RECOGNIZES THE COURAGE OF FIRE FIGHTERS, AND THE PERSEVERANCE AND SACRIFICE OF FIRE VICTIMS. THE CALIFORNIA FIREFIGHTERS MEMORIAL, LOCATED AT THE STATE CAPITOL IN SACRAMENTO, WAS BUILT AND IS MAINTAINED BY CFF. IT HONORS FIRE FIGHTERS KILLED IN THE LINE OF DUTY AND SERVES AS A PUBLIC TRIBUTE TO THE HEROISM OF THE PROFESSION AND TO THE MEN AND WOMEN WHO GAVE THEIR LIVES TO PROTECT THEIR FELLOW CITIZENS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE PRESIDENT AND SECRETARY/TREASURER OF THE ORGANIZATION PERFORM A DETAILED REVIEW OF ALL RETURNS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL MEMBERS VOTED ON A RESOLUTION AT THE RELATED ORGANIZATION'S BIENNIAL CONVENTION ON THE PRESIDENT'S COMPENSATION, ACCEPTING THE RECOMMENDATION OF AN APPOINTED COMMITTEE WHO STUDIED COMPARABLE POSITIONS AND COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S HEADQUARTERS OFFICE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

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

2018

**Open to Public
Inspection**

Employer identification number

68-0118991

CALIFORNIA FIRE FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FIREFIGHTERS RESEARCH AND EDUCATION 1780 CREEKSIDE OAKS DRIVE 68-0066714 SACRAMENTO CA 95833	H/SAFETY	CA	501C5		CPF		X
(2) CA PROFESSIONAL FIREFIGHTERS 1780 CREEKSIDE OAKS DRIVE 95-1985954 SACRAMENTO CA 95833	PROTECTION	CA	501C5		N/A		X
(3) CPF INDEPENDENT EXPENDITURE PAC 1780 CREEKSIDE OAKS DRIVE 75-3011218 SACRAMENTO CA 95833	POLITICAL	CA	527		CPF		X
(4) CA PROFESSIONAL FIREFIGHTERS PAC 1780 CREEKSIDE OAKS DRIVE 68-0457648 SACRAMENTO CA 95833	POLITICAL	CA	527		CPF		X
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) FIREFIGHTERS PRINT AND DESIGN 1780 CREEKSIDE OAKS DRIVE SACRAMENTO CA 95833 68-0127137	PRINTING	CA	CPF	C					X
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CA PROFESSIONAL FIREFIGHTERS	P	208,800	CASH PAID
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
TAXABLE INTEREST	\$ 13,728		14			
TOTAL	\$ 13,728					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
TAXABLE DIVIDENDS	\$ 36,175		14			
TOTAL	\$ 36,175					

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEMORIAL EVENT COSTS	\$ 106,088	\$ 99,449	\$ 6,609	\$ 30
VIDEO SERVICES	81,971	77,564	87	4,320
PIPE & DRUM BAND EXPENSES	14,165	14,165		
DUES AND MEMBERSHIPS	2,333	34	2,299	
EMPLOYEE RELATIONS/TRAIN	1,896	1,081	815	
MEMORIAL SITE COSTS	1,600	1,600		
PAYROLL PROCESSING	712	641	28	43
PENSION PLAN ADMIN	360	324	14	22
INVENTORY PURCHASES	167	167		
TOTAL	\$ 209,292	\$ 195,025	\$ 9,852	\$ 4,415

Federal Statements

Schedule A, Part II, Line 1(e)

Description	<u>Amount</u>
OTHER CONTRIBUTIONS	\$ 12,324,879
TOTAL	<u>\$ 12,324,879</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CHEVRON CORPORATION	\$ 1,550,000	\$ 1,166,204
THE SAN FRANCISCO FOUNDATION	135,000	
AT&T	76,000	
PACIFIC GAS AND ELECTRIC	1,146,000	762,204
PGA TOUR CHARITIES	5,000	
PG&E CORPORATE FOUNDATION	394,000	10,204
STATE STREET FOUNDATION, INC.	50,000	
MOUNTAIN MIKE'S PIZZA	25,000	
FIREFIGHTER CANDIDATE TESTING CENTER	86,918	
SOUTHERN CALIFORNIA EDISON	220,000	
ONTARIO REIGN HOCKEY CLUB, LLC	5,112	
PEPSICO INC.	100,000	
PHRMA	100,000	
SILICON VALLEY COMMUNITY FOUNDATION	65,700	
SCHWAB CHARITABLE	25,000	
FIDELITY CHARITABLE	125,000	
ERIC PETERSON	25,000	
BRAD SINGER	20,000	
NVE EXPERIENCE AGENCY	14,116	
THE WINE GROUP LLC	25,022	
DEREK LEMKE-VON AMMON	10,000	
DRIVEN BRANDS CHARITABLE FOUNDATION	10,000	
FRANK R. GOODMAN FAMILY FOUNDATION	20,000	
TANER HALICIOGLU	10,000	
GILEAD FOUNDATION	350,000	
WALT DISNEY	250,000	
TOTAL	<u>\$ 4,842,868</u>	<u>\$ 1,938,612</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	<u>Amount</u>
TAXABLE INTEREST	\$ 13,728
TAXABLE DIVIDENDS	<u>36,175</u>
TOTAL	<u>\$ 49,903</u>

Schedule A, Part II, Line 9(e)

Description	<u>Amount</u>
MISCELLANEOUS INCOME	\$ 1
GALA 2018	276,432
FIREFIGHTERS APPRECIATION	97,594
OTHER EVENTS > \$5,000	1,624
OTHER EVENTS < \$5,000	
ONLINE STORE	590
LESS: DEDUCTIONS	<u>-1,000</u>
TOTAL	<u>\$ 375,241</u>

1065C California Fire Foundation
68-0118991
FYE: 12/31/2018

Federal Statements

Gala 2018

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER DIRECT EXPENSES	\$ <u>111,715</u>
TOTAL	\$ <u><u>111,715</u></u>

1065C California Fire Foundation
68-0118991
FYE: 12/31/2018

Federal Statements

Firefighters Appreciation

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER DIRECT EXPENSES	\$ <u>19,458</u>
TOTAL	\$ <u><u>19,458</u></u>

1065C California Fire Foundation
68-0118991
FYE: 12/31/2018

Federal Statements

Other Events > \$5,000

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER DIRECT EXPENSES	\$ <u>18,707</u>
TOTAL	\$ <u><u>18,707</u></u>