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Form **990-E**2

Short Form

2009

OMB No 1545-1150

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year

Open to Rublic Inspection Department of the Treasury Internal Revenue Service may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements

A	For the 2009 calendar year, or tax year beginning 6/23 2010 XXIVII, and ending 6/30		, 2010					
B_	entern in epipments	ıployer	identification number					
	Address change Please Timberview Area Firewise 2	7-3	558174					
	Name change label or Tmprovement Council Inc	E Telephone number						
X	Initial return Type 52767 Timbory Pd							
	Termination See Specific North Fork, CA 93643	59-1	877-3471					
	Amended return Instruc-	oun F	Exemption					
П	Itions. I	ımber						
								
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method of the completed Schedule A (Form 990 or 990-EZ).	,u [2	Accidan					
			rganization is not					
		i Sche	edule B (Form 990,					
	Tax-exempt status (check only one) $ \mathbf{A} $ 301(c) (3) $ \mathbf{A} $ (disert no) $ \mathbf{A} $ 347(a)(1) or $ \mathbf{A} $ 327							
K	Check ► X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are not							
	\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to fil	e a co	omplete return					
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990							
_	instead of Form 990-EZ	▶ \$						
	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instri	ictio	ns for Part I.)					
	1 Contributions, gifts, grants, and similar amounts received	1	1					
	2 Program service revenue including government fees and contracts	2						
	3 Membership dues and assessments	3						
	4 Investment income	4						
	5a Gross amount from sale of assets other than inventory 5a	+2.4						
	b Less cost or other basis and sales expenses 5b							
R	C Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5с						
R E V	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here							
Ė N U	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	10°						
Ü	Gross revenue (not including \$ of contributions							
E	reported on line 1)	#	1					
	b Less direct expenses other than fundraising expenses 6b							
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c						
,	7a Gross sales of inventory, less returns and allowances 7a	22.07.353 27.03.564 27.03.564						
	b Less: cost of goods sold 7b							
,	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7̈́c						
٠	.		<u> </u>					
	V 8 Other revenue (describe ►	8						
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	0.					
~	210 Grants and similar amounts paid (attach schedule)	10						
_	11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits	11						
X	12 Salaries, other compensation, and employee benefits	12						
P	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors	13						
Ň	14 Occupancy, rent, utilities, and maintenance	14						
EXPERSE	I MADEN. UI)							
S	15 Printing, publications, postage, and shipping	15						
	16 Other expenses (describe ►)	16						
	17 Total expenses. Add lines 10 through 16	17	0.					
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0.					
Α	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	ras						
N S E S T E	figure reported on prior year's return)	19	0.					
N S E E	20 Other changes in net assets or fund balances (attach explanation)	20	 					
Ś			 					
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	0.					
Pé	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead							
	(See the instructions for Part II) (A) Beginning of years.	ar	(B) End of year					
22	2 Cash, savings, and investments	22						
23	B Land and buildings	23						
24		24	 					
25	Total accets	_						
			 					
26	·	_						
Z	Net assets or fund balances (line 27 of column (B) must agree with line 21)	. 27	0.					

Form 990-EZ (2009)

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

	990-EZ(2009) Timberview Area				-35 <u>5</u>	<u>8174</u> P	age 2
Par	Statement of Program Se	rvice Accomplishments	(See the instructi	ons.)	•	Expenses	
Desc	s the organization's primary exempt purpose? Setribe what was achieved in carrying out thribe the services provided, the number of ram title	e Statement 1 le organization's exempt purp persons benefited, or other	poses. In a clear and corelevant information fo	oncise manner, r each	(Regu 501(c organ 4947(for ot	uired for section)(3) and (4) izations and sect a)(1) trusts; option	tion onal
28							
29	(Grants \$) If th	▶ []	28 a				
30	(Grants \$) If th	29 a					
	(Grants \$) If th		30 a				
31	Other program services (attach schedule (Grants \$) If the	e) is amount includes foreign gi	rants, check here	►□	31 a		
32	Total program service expenses (add li			•	32		
Par	List of Officers, Directors	Trustees, and Key Em	ployees. List each or	ne even if not comp	pensa	ted (See the ins	trs)
	(a) Name and address	(b) Title and average hours per week devoted to position	/	(d) Contributions t employee benefit plans deferred compensati	to s and	(e) Expense acc and other allowa	
527	chard Lawin 67 Timberview Rd th Fork, CA 93643	President 0	0.	4	0.		0.
527	i Hartman 67 Timberview Rd th Fork, CA 93643	Secretary 0	0.	i	0.		0.
Fre 527	d James 67 Timberview Rd th Fork, CA 93643	Director 0	0.		0.		0.
Buc 527	k Jones 67 Timberview Rd th Fork, CA 93643	Director 0	0.		0.		0.
Nat 527	e Lincoln 67 Timberview Rd th Fork, CA 93643	Treasurer 0			0.		0.
Rob 527	pert_T_Richey 67_Timberview_Rd th Fork, CA 93643	Director 0	0.		0.		0.
		,					
BAA		TEEA0812L 0	01/30/10			Form 990-EZ ((2009)

Par	t V Other Information (Note the statement requirements in the instrs for Part V.) See S	tateme	ent	2
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	_33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	12.40	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) noti reporting, and proxy tax requirements?	ce, 35 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>x</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b	<u>-7882</u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	£., (v,	X
	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N,	'A	, (
	Section 501(c)(7) organizations Enter	```.	,	
	Initiation fees and capital contributions included on line 9 39a N			
	Gross receipts, included on line 9, for public use of club facilities Section 501(a)(3) assessment of the assessment of	A		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization.	a 40 b		X
·	managers or disqualified persons during the year under sections 4912, 4955, and 4958	<u>).</u>		
	· · ·	<u>) .</u>		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	<u> </u>	X
41	List the states with which a copy of this return is filed None			
42 a	The organization's books are in care of ► Dori Hartman Located at ► ZIP + 4 ►			
b	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)? If 'Yes,' enter the name of the foreign country	42 b	Yes	No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		▶ □	N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No_
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes.'	1		<u> </u>
 DAA	Form 990 must be completed instead of Form 990-EZ	45		(3000)

	Z (2009) Timberview Area Firewise	27-3558174	Р
Part Vi	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt c	haritable trusts only. All section	on.

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Form **990-EZ** (2009)

	46-49b and complete the tables	s for lines 50 and 5	пехетрі спапіав 1.	ie trusts must answei qi	Jestio	ns						
46 Did	the organization engage in direct or indire	ct political campaign ac	tivities on behalf of o	r in opposition to candidates		Yes	No					
•	public office? If 'Yes,' complete Schedule (•		• •	46		X					
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II												
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E												
49a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization a section 527 organization?												
b It 'Y	es,' was the related organization a section	1 52/ organization?			49b							
	iplete this table for the organization's five ployees) who each received more than \$10											
(1	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	pense nt and owance:	s					
None_												
- -												
- -												
f Tota	al number of other employees paid over \$1	00,000		1								
51 Com	nplete this table for the organization's five pensation from the organization. If there i	highest compensated in s none, enter 'None '	ndependent contracto	rs who each received more th	an \$10	0,000	of					
	(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n					
None												
				`								
d Tota	al number of other independent contractors	s each recovers over \$1	00.000		-		—					
u rota	in number of other independent contractors	s each receiving over \$1	00,000									
	Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (nined this return, including accor	npanying schedules and stat	lements, and to the best of my knowled	ge and be	elief, it is	 š					
	true, correct, and complete Declaration of preparer (other than officer) is based on a	Il information of which prepa	arer has any knowledge								
Sian	x Richard Lan	•		x 12/22/201	9							
Sign Here	Signature of officer	<u>~</u>		Date								
	Richard Lawin			President								
	Type or print name and title											
	Pranarar's	1.11	Date	Check if Prepare	r's Identi	fying Nu	mber					
Paid Pro-	Preparer's signature Joy Claiborne	aff Jabon	12-21-1	self· employed ► N/A	,,, actions	,						
Pre- parer's		OCIATES CPA'S	& ADVISORS									
Use	yours if self employed). 40327 STAGECOAC	H RD		EIN ► N/I	<u> </u>							
Only	address, and OAKHURST, CA 93	644		Phone no ► (559)	683-	4224						
May the II	RS discuss this return with the preparer sh	nown above? See instru	ctions	▶	X Yes	;	No					

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

	ment of the Treasury Il Revenue Service	► Attach to	Form 990 or Form 990-E		Insp	ection	<i>i</i>					
Name	of the organization T	imberview Area Fi	rewise			-	_			tion number		
		mprovement Counci										
Par		Public Charity Statu						See i	nstruct	ions		
The o	organization is not	a private foundation becau	ise it is. (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	—	vention of churches or ass			section	n 170(b)	(1)(A)(i)					
2	\vdash	ribed in section 170(b)(1)(
3	—	cooperative hospital service	•									
4	lJ	earch organization operate	ed in conjunction with a h	ospital (describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	nter the ho	spital's	,
5	name, city, an An organization 170(b)(1)(A)(iv	on operated for the benefit On (Complete Part II)	of a college or university	owned	or oper	ated by	a gover	nmenta	l unit de	scribed in	section	
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											rıbed	
8	= '	trust described in section			•							
9	from activities i	n that normally receives (1) related to its exempt function come and unrelated busine See section 509(a)(2). (C	ns – subject to certain exce ess taxable income (less	entions, a	and (2) r	no more t	han 33-	1/3 % of	its supp	ort from aro	SS	fter
10	\vdash	on organized and operated	•		-			• •				
11	more publicly	on organized and operated supported organizations of type of supporting organization	described in section 509(zation and complete line	a)(1) or s 11e th	section rough 1	509(a)(2 1h	2) See			3). Check t	he box	that
	a ∐_Type I	b Type II		l – Fund	_	_			_d	Type III—		
е	By checking the than foundation 509(a)(2)	nis box, I certify that the or on managers and other tha	rganization is not control in one or more publicly s	led dired upported	tly or in d organi	directly zations	by one describe	or more ed in se	disqual ction 509	ified perso 9(a)(1) or s	ons oth section	er
f	check this box										n,	
g	Since August	17, 2006, has the organiza	ition accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	s?		
	6)		trale either alone or		مم طاسی		a a a riba.	d (n. (u.)	and (w)		Yes	No
	(i) a persor below, tł	n who directly or indirectly ne governing body of the s	upported organization?	logether	with pe	:150115 U	escriber	u III (II)	anu (III)	11 g (i)		
	(ii) a famıly	member of a person desc	cribed in (i) above?							11 g (ii)		
	(iii) a 35% c	ontrolled entity of a persor	n described in (i) or (ii) a	bove?						11 g (iii)		
h	Provide the fo	llowing information about	the supported organization	ns				,		,		
	(i) Name of Supporte Organization	d (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in cold in your erning ment?	the organ	rou notify ization in (i) of upport?	organizat (i) organi	Is the lion in col ized in the S ?	(vii) Amoui	nt of Sup	port
				Yes	No	Yes	No	Yes	No			
		_			ļ	ļ					-	-

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you check	-				a 170(b)(1)(1)	()
Sec	tion A. Public Support	ed the box on line	5, 7, 01 0 011 an				
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						0.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3	0.	0.	0.	0.	0.	0.
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)	· · · · · · · · · · · · · · · · · · ·	` ` ` `				0.
6	Public support. Subtract line 5 from line 4	, , ,	12 ° 23 ° 1				0.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	0.	0.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					ı.	0.
11	Total support. Add lines 7 through 10		, , , , , , , , , , , , , , , , , , ,				0.
12	Gross receipts from related activ	rities, etc (see in	structions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3) ► X
	tion C. Computation of Pu					1 1	
	Public support percentage for 20		· · ·	ne 11, column (f)		14	<u> </u>
	Public support percentage from 33-1/3 support test - 2009. If th			ox on line 13, and	d the line 14 is 33		
	and stop here. The organization 33-1/3 support test — 2008. If the and stop here. The organization	qualifies as a pu e organization did	blicly supported o I not check a box	rganization on line 13, or 16			- []
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	est - 2009 If the o	organization did n and-circumstance	ot check a box or s' test, check this	box and stop he	re. Explain in Part	t IV how
ı	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	est – 2008. If the meets the 'facts-	organization did r and-circumstance	not check a box o s' test, check this	n line 13, 16a, 16 box and stop he l	b, or 17a, and line re. Explain in Pari	e 15 is 10% t IV how the
18	Private foundation. If the organi		~	· ·		=	_
BAA							90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Timberview Area Firewise Partillia Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	(4) 2000	(4) 2000	(5) 2557	(4) 2000	(0) 2003	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line	S. LES MA	3. 200 4.3 计 数值		THE PERSON NAMED IN		
	7c from line 6)	拉加斯维·斯	企业	推機等			
<u>Sec</u>	tion B. Total Support		·				
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
t	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is						
11 12 13	income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	is for the organiz			or fifth tax year a)
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990	is for the organiz stop here	ation's first, seco				·)
11 12 13 14 Sec	income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organized stop here blic Support F	ation's first, seco Percentage	nd, third, fourth,	or fifth tax year a		3) ► □ %
11 12 13 14 Sec 15	income (less section 511 taxes) from businesses acquired after June 30, 1975 and lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and action C. Computation of Pu	is for the organized stop here blic Support F 009 (line 8, column	ation's first, seco Percentage n (f) divided by li	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3	
11 12 13 14 Sec 15 16	income (less section 511 taxes) from businesses acquired after June 30, 1975 c. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and cition C. Computation of Purpublic support percentage for 20.	is for the organized stop here blic Support F 009 (line 8, colume 2008 Schedule A)	ation's first, seco Percentage n (f) divided by li , Part III, line 15	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3	<u>%</u>
11 12 13 14 Sec 15 16	income (less section 511 taxes) from businesses acquired after June 30, 1975 c. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and the form C. Computation of Purpublic support percentage from	is for the organized stop here blic Support F 009 (line 8, column 2008 Schedule A, vestment Incor	ation's first, seco Percentage n (f) divided by li , Part III, line 15 me Percentag	nd, third, fourth, ne 13, column (f)	or fifth tax year a	s a section 501(c)(3	<u>%</u>
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Schedule A	(Form 990	or 990-	EZ) 2009	Ti	mbervi	ew	Area	Fir	ewise				27-355	8174	_ P	age 4
Part IV	Supplen	nental	Informa	ition.	Comple	ete	this pa	rt to	provide	the ex	kplanation additional	ıs requi	red by	Part II,	line 10,	
	Part II, II	ne 1/a	a or 1/b	; and	Part II	l, lir	ne 12.	Provi	de any	other :	additional	inform	ation. S	ee inst	ructions.	
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2009

Federal Statements

Page 1

Timberview Area Firewise Improvement Council, Inc.

27-3558174

Statement 1 Form 990-EZ, Part III **Organization's Primary Exempt Purpose**

The specific purpose of this corporation is to reduce the risk of loss of life and property in the Timberview and adjacent areas through promotion of fire safety, education, prevention & suppression and related emergency procedures.

Statement 2 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or

indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No