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## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 7/01 .2013, and ending 6/30 .2014    Control of the control		_	F 41 601	2012			
Andress change Install return Temmated Name Company   THE NAPA COMMUNITIES FIREWISE FOUNDATION   \$4 ZINNIA LANE   \$4 ZINNIA		R	Chark if applie	3 calendar year, or tax year beginning 7/01 , 2013, and ending 6/3			
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R Form of organization   Corporation   Trust   Association   Other		1	Website:				· · · · · · · · · · · · · · · · · · ·
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, life Form 990 to misted of Form 990 to the passets (Part II), column (B) below) are \$500,000 or more, life Form 990 to misted of Form 990 to the passets (Part II), column (B) below) are \$500,000 or more, life Form 990 to misted of Form 990 to the Part II. (Part II), column (B) below) are \$500,000 or more, life Form 990 to misted of Form 990 to the Part II. (Part II), column (B) below as the passets of Fund Balances (See the Instructions for Part II). (Part III) assets the instruction of Part III. (Part		J	Tax-exempt st	atus (check only one) $ X = 501(c)(3)$ $= 501(c)(1)$ $= 501(c)(1)$ $= 501(c)(1)$ or $= 527$	i, 990-E.	Z, or 990-Pi	-)
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C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20	SE					-	
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Selection of the compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  12 13 2,225.  13 2,225.  14 15 16 116,969.  15 16 116,969.  17 119,194.  19 33,228.						<del></del>	
Selection of the compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  12 13 2,225.  13 2,225.  14 15 16 116,969.  15 16 116,969.  17 119,194.  19 33,228.	Z		t .				
Selection of the compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  12 13 2,225.  13 2,225.  14 15 16 116,969.  15 16 116,969.  17 119,194.  19 33,228.	2						117,923.
Selection of the compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  12 13 2,225.  13 2,225.  14 15 16 116,969.  15 16 116,969.  17 119,194.  19 33,228.	Š		10 Gran	ts and similar amounts paid (list in Schedule O)	,		·
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 31, 957.	Ŭ)		<b>11</b> Bene	fits paid to or for members	181		
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  14   15   16   116, 969. 17   19   18   -1, 271. 18   271. 29   33, 228. 20   21   31, 957.		E	<b>12</b> Sala	ries, other compensation, and employee benefits	191	12	
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  14   15   16   116, 969. 17   19   18   -1, 271. 18   271. 29   33, 228. 20   21   31, 957.		â	13 Profe	essional fees and other payments to independent contractors	S	13	2,225.
Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  15  16 116, 969.  17 119, 194.  18 -1, 271.  19 33, 228.  20 21 31, 957.		Ñ	14 Occu	pancy, rent, utilities, and maintenance	_=	14	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  16 116, 969. 17 119, 194. 18 -1, 271.  19 33, 228.		S	1	ing, publications, postage, and shipping		15	
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  17 119, 194.  18 -1, 271.  19 33, 228.  20 31, 957.		\$	i	CEE CCHEDITE C	)		116 969
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  18 -1,271.  19 33,228.  20 31,957.			i e		•		
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  23, 228.  29  31, 957.						<del></del>	
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 31, 957.		Ą					
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 31, 957.		N S	19 Net a	assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end	l-of-year	19	22 220
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 31, 957.		ŦΕ	_			$\longrightarrow$	33,228.
		S	1	-	_		21 057
		<del>_</del> -					

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	990-EZ (2013) THE NAPA COMMUNI		NDATION		26	-014	17748 Page 2
Par	til Balance Sheets (see the insti Check if the organization used Sche	ructions for Part II)	estion in this Part II				X
		date of the respondence to any qui		(A) Beginning		$\overline{}$	(B) End of year
22	Cash, savings, and investments	33,	323	. 22 23	40,415.		
23 24	Land and buildings Other assets (describe in Schedule O)					24	<del></del>
25	Total assets	•		33,	323		40,415.
26	Total liabilities (describe in Schedule O)	SEE SCHEDULE			95		8,458.
	Net assets or fund balances (line 27 of c				228	. 27	31,957. Expenses
Par	t III Statement of Program Service Ac Check if the organization used Sch				X	(Reg	uired for section 501
What	is the organization's primary exempt purpose? SEF	SCHEDULE O					and 501(c)(4)
Desc	cribe the organization's program service ac sured by expenses. In a clear and concise	ccomplishments for each of it manner, describe the service	ts three largest process provided, the nu	gram services, a imber of persons	as S	4947	(a)(1) trusts, optional thers)
bene	efited, and other relevant information for e	ach program title				101 0	iners )
28	PROVIDE EDUCATION TO RESI WILDLAND FIRE TO THEM AND		ILA ON THE DA	NGERS OF _		:	
	MILDLAND FIRE 10 INEN AND	_ IIILIK COMMONITI					
	(Grants \$ ) If the	s amount includes foreign gi	ants, check here			28 a	112,027.
29							
	(Grants \$ ) If thi	s amount includes foreign gi	rants, check here			29 a	
30							
	(Grants \$ ) If thi	-	30 a				
31	Other program services (describe in Sch	edule O)			——— ——		
	(Grants \$ ) If the	31 a	110 007				
32	Total program service expenses (add lire t IV   List of Officers, Directors,		Novees (list each one	even if not compensa	ted _		112,027.
Pai	Check if the organization used Sci				icu	scc tric	
	(a) Niews and Title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS	^\   CONTINUUTIONS	to emp	loyee	(e) Estimated amount of
	(a) Name and Title	position	(If not paid, enter -0-	benefit plans, compen		ferred	other compensation
	RREN_DRAKE						_
	ESIDENT	2		0.		0.	0.
	OOKE DUNTONRECTOR	2		0.		0.	0.
	ICIA AMARO						
DĪ	RECTOR	2		0.		0.	0.
	EPHEN GORT /TREASURER	10		0.		0.	0.
	M STREBLOW	10		<del> </del>		<u> </u>	
DI	RECTOR	2		0.		0.	0.
	CK THORNBERRY	•				0.	
TO	RECTOR 2 0. M VREELAND						0.
	RECTOR	2		0.		0.	0.
		·					
		· · · · · ·					
RAA	<u> </u>	TEEA0812L	11/27/13				Form <b>990-EZ</b> (2013)

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	990-EZ (2013) THE NAPA COMMUNITIES FIREWISE FOUNDATION 26-014774			age 3
Par	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in SEE SCHEDI the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	)LE (	U	X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		X
<b>-</b>	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	25		<del>ار</del> ا
L	(such as those reported on lines 2, 6a, and 7a, among others)?  If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 a 35 b		X
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice.			
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
	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		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions   0.	37 b		v
	Did the organization file <b>Form 1120-POL</b> for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	3/6		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		x
b	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			<u> </u>
39	Section 501(c)(7) organizations Enter			
_	Initiation fees and capital contributions included on line 9 . 39a N/A			ι
	Gross receipts, included on line 9, for public use of club facilities    39b   N/A			'
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			١,
_	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
t	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization 0.		<b>1</b>	
E	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		X
41	List the states with which a copy of this return is filed <b>CA</b>			I
42 a	Telephone no ► 707-20	65-9	624	
	Located at > 54 ZINNIA LANE NAPA CA  ZIP + 4 > 94558	<u> </u>	<u> </u>	
i	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)	42 b		Х
	If 'Yes,' enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	If 'Yes,' enter the name of the foreign country ▶			
40	One to a 4047/20/10 and a second about a blanch of the Form 2000 F7 and the second 2041. Observe have		▶ □	N/A
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 43		· L	N/A N/A
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44 :	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			T
	of Form 990-EZ	44 a	-	X
l	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
(	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
(	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	00.0	.	-
45	If 'No,' provide an explanation in Schedule O	44 d	$\vdash$	V

45 b

Form <b>990-1</b>	EZ (2013) THE NAPA COMMUNITIE	S FIREWISE FOU	INDATION	26-014	7748	P	age 4
						Yes	No
46 Did tl cand	he organization engage, directly or indired idates for public office? If 'Yes,' complete	ctly, in political campa Schedule C, Part I	ign activities on behalf c	of or in opposition to	46	,,,	X
Part VI					•		
	All section 501(c)(3) organization	ns must answer q	uestions 47-49b and	d 52, and complete	the table	S	
	for lines 50 and 51.	. •	to the David VIII				
	Check if the organization used Schedul	e O to respond to any	question in this Part VI	<del></del>		v	
<b>47</b> Did th	ne organization engage in lobbying activities	or have a section 501(h)	) election in effect during	the tax year? If 'Yes,'		Yes	No
•	olete Schedule C, Part II				47		X
	e organization a school as described in se			dule E	48		X
	he organization make any transfers to an	,	e related organization?		49 a		X
	es,' was the related organization a section plete this table for the organization's five high		was (ather than officers	directors trustees and ke	49b		<u> </u>
	by the case for the organization's live high by the sach received more than \$100,00				<b>≓y</b>		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
NONE		-2444-					
			ļ				
				·······		-	
f Tatal	the state of the s	100,000	<u> </u>	l			
	I number of other employees paid over \$1 plete this table for the organization's five high		endent contractors who ex	- ach received more than \$	100 000 of		
comp	pensation from the organization of there is	s none, enter 'None '	chacht contractors who co				
	(a) Name and business address of each independent co	ontractor	<b>(b)</b> Type	of service	(c) Comp	ensatio	n
NONE		-		•			
				· · ·			
					-		
<b>d</b> Tota	I number of other independent contractors	s each receiving over \$	\$100,000	<b>•</b>			
	he organization complete Schedule A? Note trusts must attach a completed Sch		(3) organizations and 49	47(a)(1) nonexempt	► X Yes	. [	No
Under penaltu	es of periury. I declare that I have examined this return.	including accompanying sche	dules and statements, and to th	e best of my knowledge and be			
true, correct,	and complete Declaration of preparer (other than office	r) is based on all information	of which preparer has any know	ledge	-		
C:	Sideatul Gold			Date	_		——
Sign Here	Type or print name and title	RESIDENT					
	Print/Type preparer's name	Preparer's signature	nker de Date	ایرای ایما	TIN		
Paid	SANDRA REINHARDT -	SANDRA REINHAI	RDT 8-41	-/4 self-employed F	0000247	2	
Preparer	Firm's name > SANDRA MADISON	REINHARDT, CPA					
Use Only		TE. 300		Firm's EIN	91-1757		
		94901	<del></del>	Phone no 415	-453-02		
May the IF	RS discuss this return with the preparer sl	nown above? See instr	uctions		► X Yes		No
					Form <b>99</b>	U-EZ (	(2013)

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

(E)

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.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 26-0147748 THE NAPA COMMUNITIES FIREWISE FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(bX1XAXi). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(bX1XAXiii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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) An organization organized and operated exclusively to test for public safety. See section 509(a)4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated d Type III - Non-functionally integrated Type II Type i C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) A family member of a person described in (i) above? A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (iv) Is the organization in column (i) listed in your governing document? (v) Did you notify the organization in column (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (vi) Is the organization in (ii) EIN (i) Name of supported support organization column (i) organized in the US? No Yes No Yes (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2013

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)

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	<b>(e)</b> 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	148,879.	12,545.	101,128.	110,947.	117,923.	491,422.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	148,879.	12,545.	101,128.	110,947.	117,923.	491,422.	
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	<b>Public support.</b> Subtract line 5 from line 4						491,422.	
Sec	tion B. Total Support		7			<del></del> -		
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	<b>(e)</b> 2013	<b>(f)</b> Total	
7	Amounts from line 4	148,879.	12,545.	101,128.	110,947.	117,923.	491,422.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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)						0.	
	<b>Total support.</b> Add lines 7 through 10						491,422.	
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.	
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	ax year as a section	n 501(c)(3)	▶ 🗌	
	tion C. Computation of Pu			11 1 (0)		1 4 4 1	100 00 %	
	Public support percentage for 20			ie II, column (f)).		14	100.00%	
	15 Public support percentage from 2012 Schedule A, Part II, line 14							
16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
t	b 33-1/3% support test — 2012. 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 — 2013. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-and-circumstances'	and-circumstances test The organiza	s' test, check this ation qualifies as a	box and <b>stop he</b> i a publicly support	<b>re.</b> Explain in Part ed organization	IV now the	
18	Private foundation. If the organi	zation did not che	eck a box on line	ıs, Iba, Ibb, I/a, 				
BAA					Sch	nedule A (Form 99	90 or 990-EZ) 2013	

	<del></del>							
Part III	Suppor	t Schedule 1	or Orgar	nizations	Describe	d in Sec	tion 509(a)	(2)
	(Complete	only if you ched	cked the box	on line 9 o	Part I or if	the organiza	ation failed to d	qualify

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

<u>Sect</u>	ion A. Public Support						
Calend	ar year (or fiscal yr beginning in) >	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	<b>(e)</b> 2013	<b>(f)</b> Total
7	Gifts, grants, contributions and membership fees						
	and membership fees received (Do not include any 'unusual grants ')						
	Gross receipts from admis-				<u> </u>		<del></del>
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose Gross receipts from activities				-		
J	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					ľ	
	organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,		1,2,				
, .	2, and 3 received from disqualified persons						
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that			1			
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line	£ 1		特異 、心外。		- T	
	7c from line 6 )		- '\*	A 11 " " " " " " " " " " " " " " " " " "	£, , *	_ : ^	
	tion B. Total Support	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	dar year (or fiscal yr beginning in)	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(6) 2013	(i) Total
-	Amounts from line 6 Gross income from interest,			-	1	<u>-</u>	
104	dividends, payments received						
	on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable		· · · · · · · · · · · · · · · · · · ·				
	taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		<del></del>	<del></del>			
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 IV)			1			
13	Total Support. (Add Ins 9,10c, 11 and 12)	· · · · · · · · · · · · · · · · · · ·			-		
14	First five years. If the Form 990	is for the organiz	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501	(c)(3)
	organization, check this box and	stop here					
	tion C. Computation of Pu			12 (6)	<del></del>	Т.	15 %
	,, ,	•		ne 13, column (1)	).		<del>5                                    </del>
16	Public support percentage from						9
<u> 5ec</u>	tion D. Computation of Inv Investment income percentage f	restment incol	me Percentag	d by line 13 col	ımn (fl)	T	17 %
	•				anni (1 <i>))</i>	<u></u>	18 %
18	Investment income percentage f				and line 15 is mai		
ıуа	<b>33-1/3% support tests</b> $-$ <b>2013.</b> It is not more than 33-1/3%, check	i the organization k this box and <b>sto</b>	<b>p here.</b> The organ	nization qualifies	and line 15 is mor as a publicly supp	orted organiza	ition
b	33-1/3% support tests - 2012. If	f the organization	did not check a l	oox on line 14 or	line 19a, and line	16 is more tha	in 33-1/3%, and
	line 18 is not more than 33-1/3%	<ol><li>check this box</li></ol>	and <b>stop here.</b> Th	ne organization qu	ualifies as a public	ly supported o	rganization
20	Private foundation. If the organi	zation did not che	ECK & DOX OIL HIJE	1 <del>1,</del> 12a, 01 190, (	CHECK THIS DOX BUT	- 366 HISHACIIC	· [ ]

Schedule A	(Form 990 or	990-EZ) 201	3 THE	NAPA_	COMMUN	<u>ITIES</u>	FIREWIS	<u>SE FOUNI</u>	DATION_	<u> 26-0147</u>	748	Page 4
Part IV	Supplem or 17b; a (See insti	ental Info nd Part III ructions).	rmation. , line 12.	Provide Also co	the expl mplete th	anation nis part	s require for any a	d by Par additional	t II, line informa	10; Part II, tion.	line 17a	
					· <b></b>							
					· <del></del> -							
									<b></b>			

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public

Employer identification number

26-0147748 THE NAPA COMMUNITIES FIREWISE FOUNDATION FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE FIRE AWARENESS FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

<b>20</b> 13	S

## CHEDULE O - SUPPLEMENTAL INFORMATION

## PAGE 2

### THE NAPA COMMUNITIES FIREWISE FOUNDATION

26-0147748

# FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BANK CHARGES .	\$ 378.
DEVELOPMENT EXPENSE	329.
EQUIPMENT COSTS	1,317.
GENERAL ADMINISTRATION	1,813.
INSURANCE	1,994.
MITIGATION PROJECTS .	. 57,560.
NEWSLETTERS	15,212.
OTHER PROGRAM EXPENSES	30,903.
PUBLIC RELATIONS	5,898.
SUPPLIES	428.
TRAVEL	1,137.
	TOTAL \$ 116,969.

# FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

	BEGINN	ING	 ENDING
	\$	95.	\$ 8,458.
TOTAL	\$	95.	\$ 8,458.