

California Exempt Organization Annual Information Return

Calendar Year 2012 or fiscal year beginning month day year, and ending month day year

Corporation/Organization Name: **NOVATO FIRE FOUNDATION**
 Address (suite, room, or PMB no.): **95 ROWLAND WAY**
 City: **NOVATO** State: **CA** ZIP Code: **94945**
 California corporation number: **C2614900**
 FEIN: **20-1223584**

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Return Dissolved Surrendered (Withdrawn)
 Merged/Reorganized Enter date: _____
E Check accounting method:
 1 Cash 2 Accrual 3 Other
F Federal return filed?
 1 990T 2 990 (PF) 3 Sch H (990)
G Is this a group filing for the subordinates/affiliates? Yes No
 If 'Yes,' attach a roster. See instructions
H Is this organization in a group exemption? Yes No
 If 'Yes,' What's the parent's name? _____
I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
 If 'Yes,' explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
 If 'Yes,' complete and attach form FTB 3509.
K Is the organization exempt under R&TC Section 23701g? Yes No
 If 'Yes,' enter gross receipts from nonmember sources \$ _____
L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	●	1	3,406.
	2	Gross dues and assessments from members and affiliates.	●	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE .SCH. .B.	●	3	69,397.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B.	●	4	72,803.
	5	Cost of goods sold.	●	5	1,112.
	6	Cost or other basis, and sales expenses of assets sold.	●	6	
	7	Total costs. Add line 5 and line 6.		7	1,112.
	8	Total gross income. Subtract line 7 from line 4.	●	8	71,691.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	●	9	64,184.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	●	10	7,507.
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F.		11	10.
	12	Total payments.		12	
	13	Penalties and Interest. See General Instruction J.		13	
	14	Use tax. See General Instruction K.	●	14	
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.		15	10.

Sign Here
 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 taxpayer) is based on all information of which preparer has any knowledge.
 Signature of officer: _____ Title: _____ Date: _____ Telephone: 415-878-2690
Paid Preparer's Use Only
 Preparer's signature: **SANDRA REINHARDT** Date: _____ Check if self-employed:
 Firm's name (or yours, if self-employed) and address: **SANDRA MADISON REINHARDT, CPA**
1299 4TH ST., STE. 300
SAN RAFAEL, CA 94901
 Telephone: (415) 453-0207
 May the FTB discuss this return with the preparer shown above? See instructions. Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	3,273.
	2	Interest	●	2	133.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	
Expenses and Disbursements	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	3,406.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 1	●	9	5,950.
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2	●	11	0.
	12	Other salaries and wages	●	12	
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	58,234.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	64,184.

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		102,233.	●	101,755.
2	Net accounts receivable			●	
3	Net notes receivable			●	
4	Inventories		1,690.	●	9,705.
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments Attach schedule			●	
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land			●	
12	Other assets. Attach schedule. STM 4		26,200.	●	26,200.
13	Total assets		130,123.		137,660.
Liabilities and net worth					
14	Accounts payable			●	
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM 5		55.		85.
19	Capital stock or principle fund			●	
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund		130,068.	●	137,575.
22	Total liabilities and net worth		130,123.		137,660.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	●	7,507.	7	Income recorded on books this year not included in this return. Attach sch.	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year.	●	
3	Excess of capital losses over capital gains	●			Attach schedule	●	
4	Income not recorded on books this year. Attach schedule	●		9	Total. Add line 7 and line 8		
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●		10	Net income per return.		
6	Total. Add line 1 through line 5.		7,507.		Subtract line 9 from line 6.		7,507.

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NOVATO FIRE FOUNDATION

20-1223584

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STATEMENT 1
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	ALISA ANN RUCH BURN FOUNDATION		
DONEE'S STREET ADDRESS:	665 3RD ST., #345		
DONEE'S CITY, STATE, ZIP:	SAN FRANCISCO, CA 94107		
AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	3 STUDENT SCHOLARSHIPS		
AMOUNT GIVEN:			2,500.
DONEE'S NAME:	SUSAN G. KOMEN FOR THE CURE		
DONEE'S STREET ADDRESS:	5005 LBJ FREEWAY, STE. 250		
DONEE'S CITY, STATE, ZIP:	DALLAS, TX 75244		
AMOUNT GIVEN:			100.
DONEE'S NAME:	AMERICAN CANCER SOCIETY		
DONEE'S STREET ADDRESS:	250 WILLIAMS ST., NW		
DONEE'S CITY, STATE, ZIP:	ATLANTA, GA 30303		
AMOUNT GIVEN:			500.
DONEE'S NAME:	MARIN HUMANE SOCIETY		
DONEE'S STREET ADDRESS:	171 BEL MARIN KEYS BLVD.		
DONEE'S CITY, STATE, ZIP:	NOVATO, CA 94949		
AMOUNT GIVEN:			500.
DONEE'S NAME:	LITTLE LEAGUE SPONSORSHIPS		
AMOUNT GIVEN:			1,350.
DONEE'S NAME:	GIVE FORWARD		
DONEE'S STREET ADDRESS:	1564 N. DAMEN, STE. 303		
DONEE'S CITY, STATE, ZIP:	CHICAGO, IL 60622		
AMOUNT GIVEN:			500.
		TOTAL \$	<u>5,950.</u>

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DOUG FERNANDEZ 95 ROWLAND WAY NOVATO, CA 94945	BOARD CHAIR 3.00	\$ 0.	\$ 0.	\$ 0.
DAN HOM 95 ROWLAND WAY NOVATO, CA 94945	CFO 3.00	0.	0.	0.

STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARC TELDESCHI 95 ROWLAND WAY NOVATO, CA 94545	DEV. DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
KIM LESIK 95 ROWLAND WAY NOVATO, CA 94945	SECRETARY 1.00	0.	0.	0.
WILLIAM BRODY 95 ROWLAND WAY NOVATO, CA 94945	DIRECTOR 1.00	0.	0.	0.
MARC REVERE 95 ROWLAND WAY NOVATO, CA 94545	DIRECTOR 1.00	0.	0.	0.
ELI PECK 95 ROWLAND WAY NOVATO, CA 94545	DIRECTOR 1.00	0.	0.	0.
JIM GALLI 95 ROWLAND WAY NOVATO, CA 94545	DIRECTOR 1.00	0.	0.	0.
STEVE MACCUBBIN 95 ROWLAND WAY NOVATO, CA 94545	DIRECTOR 1.00	0.	0.	0.
ERICH MESENBERG 95 ROWLAND WAY NOVATO, CA 94545	EXECUTIVE DIR. 10.00	0.	0.	0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$ 700.
ADVERTISING AND PROMOTION.....	668.
ASSISTANCE.....	2,350.
AWARDS.....	68.
BANK CHARGES.....	575.
CLOTHING.....	90.
CONFERENCES, CONVENTIONS, AND MEETINGS.....	107.
DUES/MEMBERSHIPS.....	125.
FILING FEES.....	85.
HOLIDAY GIVING.....	3,308.
INFORMATION TECHNOLOGY.....	337.

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

INSURANCE.....	\$	2,302.
MARKETING/COMMUNICATIONS.....		725.
OFFICE EXPENSES.....		176.
PROGRAM - FIRE SQUIRTS.....		10,389.
PROGRAM COSTS - AED.....		2,945.
SPECIAL EVENT EXPENSES.....		33,284.
TOTAL	\$	<u>58,234.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

MUSEUM COLLECTION.....		26,200.
TOTAL	\$	<u>26,200.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

SALES TAX PAYABLE.....		85.
TOTAL	\$	<u>85.</u>

IN

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>124233</u> NOVATO FIRE FOUNDATION <small>Name of Organization</small> <u>95 ROWLAND WAY</u> <small>Address (Number and Street)</small> <u>NOVATO, CA 94945</u> <small>City or Town State ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>C2614900</u> Federal Employer ID No. <u>20-1223584</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/12 ending 12/31/12) list:
 Gross annual revenue \$ 38,407. Total assets \$ 137,660.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number 415-878-2690
 Organization's e-mail address NOVATOFIREFOUNDATION@NOVATOFIRE.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____ Printed Name _____ Title _____ Date _____

2012

CALIFORNIA STATEMENTS

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NOVATO FIRE FOUNDATION

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STATEMENT 1
FORM RRF-1, PART B, LINE 7
NUMBER AND DATES OF RAFFLES

ONE RAFFLE HELD SEPT. 12, 2012.