

California Exempt Organization  
Annual Information Return

Calendar Year 2011 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

Corporation/Organization name \_\_\_\_\_ California corporation number \_\_\_\_\_

**MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL**

2287764

Address (suite, room, or PMB no.)

PO BOX 507

FEIN

91-2161820

City State ZIP Code  
**IDYLLWILD CA 92549-0507**

- A First Return  Yes  No
- B Amended Return  Yes  No
- C IRC Section 4947(a)(1) trust  Yes  No
- D Final Return  Yes  No
  - Dissolved •  Surrendered (Withdrawn)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 is 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 the 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

**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	175,365.00
	2	Gross dues and assessments from members and affiliates	2	15,306.00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	495,172.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction B	4	685,843.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	685,843.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	635,954.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	49,889.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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.

**Sign Here**

Signature of officer: \_\_\_\_\_ Title: **TREASURER** Date: \_\_\_\_\_ Telephone: **951-659-6208**

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  PTIN: **P00165007**

Firm's name (or yours, if self-employed) and address: **ROGERS, ANDERSON, MALODY & SCOTT, LLP**  
**735 E. CARNEGIE DRIVE, SUITE 100**  
**SAN BERNARDINO, CA 92408** FEIN: **95-2662063** Telephone: **(909) 889-0871**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.**

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	139.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	1,000.00
	7	Other income	•	7	174,226.00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	175,365.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	00
	12	Other salaries and wages	•	12	105,799.00
	13	Interest	•	13	00
	14	Taxes	•	14	9,568.00
	15	Rents	•	15	2,400.00
	16	Depreciation and depletion (See instructions)	•	16	199.00
	17	Other Expenses and Disbursements	•	17	517,988.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	635,954.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		205,579.		375,934.
2	Net accounts receivable				1,033.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10 a	Depreciable assets	58,566.		58,566.	
b	Less accumulated depreciation	( 55,896. )	2,670.	( 56,095. )	2,471.
11	Land				
12	Other assets				
13	<b>Total assets</b>		208,249.		379,438.
<b>Liabilities and net worth</b>					
14	Accounts payable		3,767.		6,265.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities		3,975.		122,777.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		200,507.		250,396.
22	<b>Total liabilities and net worth</b>		208,249.		379,438.

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 \$25,000			
1	Net income per books	•	49,889.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		49,889.
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		49,889.