

California Exempt Organization
Annual Information Return

Calendar Year 2009 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

A First Return Filed? Yes No **B** Type of organization Exempt under Section 23701 d (insert letter)
IRC Section 4947(a)(1) trust

CORP #
2287764

Corporation/Organization Name
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

FEIN
91-2161820

Address
PO BOX 507

City
IDYLLWILD

State
CA

ZIP Code
92549-0507

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption? Yes No
(a) Is this a group filing for affiliates? See General Instruction L Yes No
(b) If "Yes," enter the number of affiliates _____
(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
(e) Federal Group Exemption Number _____
(f) Is a roster of subordinates attached? Yes No
E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date _____
F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990
G 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. See General Instruction F. No filing fee is required.
H Accounting method used (1) Cash (2) Accrual (3) Other
I 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)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No
J 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? If "Yes," complete an explanation and attach copies of revised documents Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
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

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	380,078.00
	2	Gross dues and assessments from members and affiliates	2	8,293.00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	854,792.00
	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 \$25,000, see General Instruction C	4	1,243,163.00
	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	1,243,163.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,203,561.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	39,602.00
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	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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: **TREASURER** Date: _____ Telephone: **951-659-6208**

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's SSN/PTIN: **P00165007**

Paid Preparer's Use Only
Firm's name (or yours, if self-employed) and address: **ROGERS, ANDERSON, MALODY & SCOTT, LLP**
290 N D STREET, SUITE 300
SAN BERNARDINO, CA 92401
Telephone: **(909) 889-0871**

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

FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT	1
----------	--	-----------	---

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
USDA FOREST SERVICE	P.O. BOX 944246 SACRAMENTO, CA, 94244		650,000.
TOTAL INCLUDED ON LINE 3			650,000.

FORM 199	OTHER INCOME	STATEMENT	2
----------	--------------	-----------	---

DESCRIPTION	AMOUNT
ABATEMENT COST-SHARING	378,528.
TOTAL TO FORM 199, PART II, LINE 7	378,528.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
----------	--	-----------	---

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KAY CENICEROS PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
JERI BOWLES PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
RON BOWLES PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
LOIS CLEMENT PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
NORM WALKER PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.

MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

91-2161820

DORIS LOMBARD PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
R. D. HOFFSTAT PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
MIKE ESNARD PO BOX 507 IDYLLWILD, CA 92549-0507	PRESIDENT 2.00	0.
RON PERRY PO BOX 507 IDYLLWILD, CA 92549-0507	VICE PRESIDENT 2.00	0.
LARRY KUENEMAN PO BOX 507 IDYLLWILD, CA 92549-0507	2ND VICE PRESIDENT 2.00	0.
BLAIR CENICEROS PO BOX 507 IDYLLWILD, CA 92549-0507	SECRETARY 2.00	0.
THOMAS MCCULLOUGH PO BOX 507 IDYLLWILD, CA 92549-0507	TREASURER 2.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	4
----------	----------------	-----------	---

DESCRIPTION	AMOUNT
FUEL REDUCTION PROGRAM	912,080.
VOLUNTEER IN-KIND MATCH	99,415.
PRINTING	7,462.
VOLUNTEER	2,963.
POSTAGE	2,697.
ACCOUNTING FEES	21,858.
OTHER PROFESSIONAL FEES	1,167.
OFFICE EXPENSES	3,498.
INFORMATION TECHNOLOGY	419.
TRAVEL	8,455.
INSURANCE	5,598.
ALL OTHER EXPENSES	4,114.
TOTAL TO FORM 199, PART II, LINE 17	1,069,726.

FORM 199	OTHER ASSETS	STATEMENT	5
----------	--------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	30,085.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	30,085.	0.

FORM 199	OTHER LIABILITIES	STATEMENT	6
----------	-------------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	352,815.	120,187.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	352,815.	120,187.

FORM 199	FUND BALANCES	STATEMENT	7
----------	---------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	126,071.	163,888.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	126,071.	163,888.
