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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 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 **2009**, and ending **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	<b>C</b> Name of organization <b>FIRE SAFE MARIN, INC.</b>		<b>D</b> Employer identification number <b>68-0375763</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>555 NORTHGATE DR.</b>	City or town, state or country, and ZIP + 4 <b>SAN RAFAEL, CA 94903-3620</b>	<b>E</b> Telephone number <b>415-446-4420</b>

• 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  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ firesafemarin.org

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) —  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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 file a complete 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 ▶ \$ **103569**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue		Expenses		Net Assets			
1	Contributions, gifts, grants, and similar amounts received	1	91311	10	Grants and similar amounts paid (attach schedule)	10	14436
2	Program service revenue including government fees and contracts	2	476	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	46	13	Professional fees and other payments to independent contractors	13	30953
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	4917
5b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	234
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe ▶ see schedule 1/2 attached)	16	38003
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			17	Total expenses. Add lines 10 through 16	17	88543
6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	6930	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11437
6b	Less: direct expenses other than fundraising expenses	6b	3589	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)	19	1710
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	3341	20	Other changes in net assets or fund balances (attach explanation)	20	
7a	Gross sales of inventory, less returns and allowances	7a		21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	13147
7b	Less: cost of goods sold	7b					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe ▶ Sub-let = \$4,888. Misc. = \$6.)	8	4806				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	99980				

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

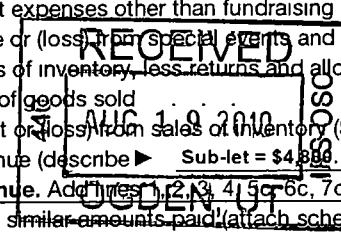
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	51415	152669
23	Land and buildings		
24	Other assets (describe ▶ see schedule 2/2 attached)	375	777
25	Total assets	51790	153446
26	Total liabilities (describe ▶ see schedule 2/2 attached)	50080	140299
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1710	13147

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

Cat No 106421

Form **990-EZ** (2009)

SCANNED SEP 14 2010



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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <b>IMPROVING FIRE SAFTEY IN MARIN COUNTY, CA</b>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
<b>28</b>	<b>NAT'L PARK SERVICE(NPS) WILDLANDS-URBAN INTERFACE INITIATIVE FUNDS (WUII) IN COOPERATION WITH PT. REYES NAT'L SEASHORE USED TO REDUCE WILDLAND FIRE HAZARDS IN MARIN CO.</b> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>24535</b>
<b>29</b>	<b>NATIONAL PARK SERVICE/CALIFORNIA FIRE COUNCIL 2006-2008 CHIPPER DAY FUNDS USED TO REDUCE HAZARDOUS FUEL IN OLEMA, NICASIO, &amp; PT. REYES = \$8,136. OTHER CHIPPER DAY PROJECTS TO REDUCE HAZARDOUS FUEL THROUGHOUT MARIN = \$14,436</b> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>22572</b>
<b>30</b>	<b>UNITED STATES FOREST SERVICE FUNDS USED FOR PT REYES ROAD MAINTENANCE AND FUEL REDUCTION</b> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>1800</b>
<b>31</b>	Other program services (attach schedule) <i>Sch 1/2</i> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	<b>8077</b>
<b>32</b>	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>	<b>56984</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAN KIDA 555 NORTHGATE DR, SAN RAFAEL, CA 94903	PRESIDENT - 2	0		
BRIAN STANFORD 555 NORTHGATE DR, SAN RAFAEL, CA 94903	VICE-PRESIDENT - 2	0		
EVA BAKER 555 NORTHGATE DR, SAN RAFAEL, CA 94903	SECRETARY - 2	0		
ROGER SPREHN 555 NORTHGATE DR, SAN RAFAEL, CA 94903	TREASURER - 2	0		
HAL BROWN 555 NORTHGATE DR, SAN RAFAEL, CA 94903	CHAIRMAN - 2	0		
SCOTT ALBER 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
ROGER MEAGOR 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
PAUL SMITH 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
MIKE SWEZY 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
KENT JULIN 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
AMY BLAKENEY 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
MAX KORTEN 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
MARK HEINE 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
DICK SADLER 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
PETE MARTIN 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
MICHAEL MESZAROS 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		
BRAD MARK 555 NORTHGATE DR, SAN RAFAEL, CA 94903	BOARD MEMBER - 1	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	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.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	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 . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	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? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	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		
<b>b</b>	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 a 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 . . . . .		✓
<b>c</b>	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 . . . . . ▶ 0		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b>	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. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed ▶ California		
<b>42a</b>	The organization's books are in care of ▶ Lynne Osgood Telephone no ▶ 415-446-4420 Located at ▶ 555 NORTHGATE DR., SAN RAFAEL, CA ZIP + 4 ▶ 94903-3620		
<b>b</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 ▶		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	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: ▶		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *Dan Kida* Date: *8/17/10*

DAN KIDA, PRESIDENT  
Type or print name and title

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**Paid Preparer's Use Only**

Preparer's signature: *Elizabeth Ford* Date: *7/21/10* Check if self-employed:  Preparer's identifying number (See instructions): **P00364311**

Firm's name (or yours if self-employed), address, and ZIP + 4: **ELIZABETH FORD, CPA** EIN: \_\_\_\_\_  
**PO BOX 25, LAGUNITAS, CA 94938** Phone no: **415-488-4740**

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	559795	186966	192270	115640	91311	1145982
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	559795	186966	192270	115640	91311	1145982
<b>5</b> 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
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						1145982

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	559795	186966	192270	115640	91311	1145982
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	27	29	21	31	46	154
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .			22477	14462	8623	45562
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1191698
<b>12</b> Gross receipts from related activities, etc (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	96.16 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	97.77 %
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I)

*N/A*

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►



FIRE SAFE MARIN, INC  
FID #68-0375763  
YEAR ENDED 12/31/09

FORM 990-EZ  
PART I LINE 10, GRANTS AND OTHER SIMILAR AMOUNTS PAID

Chipper Day grants	<u>\$ 14,436</u>
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FORM 990-EZ  
PART I LINE 16, OTHER EXPENSES

EXPENDITURES MADE UNDER COOPERATIVE AGREEMENTS BETWEEN THE  
NATIONAL PARK SERVICE AND FIRE SAFE MARIN, INC TO IMPLEMENT  
WILDLAND-URBAN INTERFACE INITIATIVE (WUII) PROJECTS

AGREEMENT #H8530010070 WITH POINT REYES NATIONAL SEASHORE	\$ 24,535
--	-----------

AGREEMENT #H8144030502 WITH GOLDEN GATE NATIONAL RECREATION AREA	-
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NATIONAL PARK SERVICE/CALIFORNIA FIRE SAFE COUNCIL 2006/2007 CHIPPER DAYS GRANT FOR OLEMA, NICASIO, & PT REYES	6,696
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NATIONAL PARK SERVICE/CALIFORNIA FIRE SAFE COUNCIL 2008 CHIPPER DAYS GRANT FOR OLEMA, NICASIO, & PT REYES	1,440
--	-------

UNITED FOREST SERVICE GRANT - 2009 POINT REYES ROAD MAINTENANCE AND FUEL REDUCTION	1,800
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COMMUNITY OUTREACH, SHOWS ETC	500
INSURANCE	2,687
MISCELLANEOUS	<u>345</u>

\$ 38,003

FORM 990-EZ  
PART III, LINE 31, OTHER PROGRAM SERVICES

COMMUNITY OUTREACH, SHOWS ETC	\$ 500
WEBSITE PROVIDING FIRE SAFETY INFORMATION	377
OUTREACH TO THE COMMUNITY PROVIDED BY COORDINATOR (25% of total)	<u>7,200</u>

\$ 8,077

FIRE SAFE MARIN, INC  
 FID #68-0375763  
 YEAR ENDED 12/31/09

FORM 990-EZ

PART II, LINE 24, OTHER ASSETS

REC FROM CAL FIRE FOR SUBLET  
 FEDERAL BACKUP WTHHOLDING RECEIVABLE  
 RECEIVABLE FROM MARIN COUNTY FIRE DEPARTMENT  
 RENTAL SECURITY DEPOSIT

	YE 12/31/08	YE 12/31/09
	\$ -	\$ 400
	-	2
	-	-
	375	375
	<u>\$ 375</u>	<u>\$ 777</u>

FORM 990-EZ

PART II, LINE 26, TOTAL LIABILITIES

ACCOUNTS PAYABLE - GENERAL FUND  
 PROGRAM COSTS PAYABLE - NPS  
 PROGRAM COSTS PAYABLE - USFS  
 SALES TAX PAYABLE  
 DEFERRED INCOME - NPS - 2006/2007 CHIPPER DAYS  
 DEFERRED INCOME - TA#059  
 DEFERRED INCOME - TA#060  
 DEFERRED INCOME - WSG - 2006 BLYTHEDALE RIDGE  
 DEFERRED INCOME - NPS - 2008 CHIPPER DAYS  
 DEFERRED INCOME - NPS - 2009 CHIPPER DAYS  
 DEFERRED INCOME - USFS - 2009

	\$ 19,084	\$ 29,175
	-	32,665
	-	1,800
	-	87
	6,696	-
	-	717
	-	721
	2,350	2,350
	21,951	20,511
	-	49,073
	-	3,200
	<u>\$ 50,080</u>	<u>\$ 140,299</u>

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  ▶
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>FIRE SAFE MARIN, INC</b>	Employer identification number <b>68 0375763</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>555 NORTHGATE DR.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SAN RAFAEL, CA 94903-3620</b>	

**Check type of return to be filed** (file a separate application for each return):

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ **LYNNE OSGOOD, 555 Northgate Dr., San Rafael, CA 94903**

Telephone No. ▶ ( **415** ) **446-4420** FAX No ▶ ( )

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20**09** or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.