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# Form **990**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2009** 

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	A F	or the	2009 calendar year, or tax year beginning	and ending	_					
	<u>В</u> с	heck if	Please C Name of organization		D Employer id	entification	on number			
	ap	pplicable	use IRS							
		Addres  change	print or CALIFORNIA FIRE SAFE COUNCIL, INC.	C						
		Name change	Doing Business As		7.	5-307	8419			
		]Initial return	See Number and street (or P.O. box if mail is not delivered to street addr	ess) Room/suite	E Telephone no	umber				
		Termin ated	Instruction SUZ W. ROUTE 00, SUITE 17		( (	<u> </u>	<u> 335-7426</u>			
		Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$		<u>13,582,245.</u>			
		Application	GLENDORA, CA 91740		H(a) Is this a gre	oup return				
		pendin	F Name and address of principal officer.MARGARET GRAYSOI		for affiliates		Yes X No			
			502 W. ROUTE 66, SUITE 17, GLENDORA	7	7 <b>H(b)</b> Are all affilia	tes included	ל? LYes L No			
			empt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or	527	<b>-</b> ],		(see instructions)			
			e: WWW.FIRESAFECOUNCIL.ORG	<del></del>	H(c) Group exer					
			organization: X Corporation Trust Association Other	L Year	of formation: 19	9 3 M Sta	te of legal domicile: CA			
	Pa	rt I	Summary	UE ODGAN	T T A M T ON L O	DIIDD	000 70 70			
	မ	l	Briefly describe the organization's mission or most significant activities T			PURP	USE IS TO			
	Governance		PROVIDE A PROGRAM OF FIRE SAFETY AND  Check this box   (if the organization discontinued its operations or							
2010	ver	l	Check this box   if the organization discontinued its operations or Number of voting members of the governing body (Part VI, line 1a)	disposed of filor	e man 25% of its	1 1	15			
	Ĝ	l	Number of voting members of the governing body (Part VI, line Ta)  Number of independent voting members of the governing body (Part VI, line	o 1h)		3	14			
ಎ	ళ	l	Total number of employees (Part V, line 2a)	e 10)		5	14			
0	Ę	l	Total number of volunteers (estimate if necessary)			6	30			
DEC	Activities		Total gross unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
	ď		Net unrelated business taxable income from Form 990 T, line 34	www.maru451475		7b	0.			
SCANNED			Contributions and grants (Part VIII line 1b)	)	Prior Year		Current Year			
Z	ø	8	Contributions and grants (Part VIII, line 1h)	—Ö[ [	10,113,63	12.	13,566,956.			
Z	Revenue	9	Program service revenue (Part VIII, line 2g)	1 (3)	2,4	74.	700.			
Ç	ě	10	Investment income (Part VIII, column (A), lines 3 4, and 76) 1 5 2010		16,3	72.	14,589.			
B	Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	J. K.						
			Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lline	-12)	10,132,4		<u>13,582,245.</u>			
		l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,229,0	25.	<u>12,262,396.</u>			
		l	Benefits paid to or for members (Part IX, column (A), line 4)		456.5	-				
	Ses	i	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5 10)	456,7	59.	721,223.			
	Expenses	Į.	Professional fundraising fees (Part IX, column (A), line 11e)	702			<del></del>			
	X	i .	Total fundraising expenses (Part IX, column (D), line 25)	783.	452.0	24	572 F00			
		l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		453,00 10,138,7		573,588.			
		}	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12		$-\frac{10,136,7}{6,36}$		13,557,207. 25,038.			
	es.	19	nevertue less expenses Subtract line to nom line 12	R	eginning of Current		End of Year			
	ets (	20	Total assets (Part X, line 16)	100	1,985,7		5,207,494.			
	Ass	21	Total liabilities (Part X, line 26)		1,801,5		4,998,246.			
	Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		184,2		209,248.			
	Pa	ert II	Signature Block							
			Under penalties of perjury, I declare that I have examined this return, including accompanying sche and complete. Declaration of preparer (other than officer) is based on all information of which preparer.	dules and statements,	and to the best of my k	nowledge and	d belief, it is true, correct,			
			Mr. C.			11.				
	Sig	n	Muyand gr		/ /	10/10				
	Her	е	Signature of officer		Date					
			MARGARET GRAYSON, EXECUTIVE DIRECT	OR						
			Type or print name and title	ate d)	neck if	Preparer's id	entifying number			
	Paid	l	Preparer's signature	'S   SE	:lf	(see instructi	ions)			
	Prep	arer's	Firm's name (or MARTIN WERRELOW 1.1.P	· · · lei	employed ► L					
	Use	Only	yours if self-employed), 300 N. LAKE AVE., SUITE 930		LIN					
			PASADENA, CA 91101-4106		Phone no.	<b>▶</b> (62	6) 577-1440			
	May	the If	RS discuss this return with the preparer shown above? (see instructions)			, <u>-</u>	X Yes No			
		01 02-0		the separate in:	structions.		Form <b>990</b> (2009)			

	990 (2009)	CALIFORNIA FIRE		75-30	78419	Page 2
Par	t III Statement of I	Program Service Accon	nplishments			
1		ALIFORNIANS TO I	PROTECT THEIR HOMES,	COMMUNITIES,	AND	
	<u>ENVIRONMENTS</u>	FROM WILDFIRE.				
2	Did the organization und	ertake any significant program	services during the year which were no	t listed on		
	the prior Form 990 or 990 If "Yes," describe these in	0-EZ? new services on Schedule O			☐ Yes ☐	
3	Did the organization cease of "Yes," describe these of		ant changes in how it conducts, any pro	ogram services?	Yes [	X No
4	Section 501(c)(3) and 50	1(c)(4) organizations and section	the organization's three largest prograi on 4947(a)(1) trusts are required to repo f any, for each program service reporter	rt the amount of grants and		
4a	(Code THE ORGANIZA	)(Expenses \$ 12,989,8 TION ACTS AS A	864. including grants of \$12,26	2,396.)(Revenue\$ AND REVIEWS, S	SELECTS,	00.)
	AGENCIES FOR TECHNICAL AS	FIRE PROTECTION	LOCAL GRANTS TO NON  N. ADDITIONALLY, THE  JCATIONAL OPPORTUNIT	ORGANIZATION	PROVIDE	S
	COUNCILS.					
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$		
				•		
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$		)
					····	
4d	· •	(Describe in Schedule O )			····	
	(Expenses \$	including grants o			<del></del> -	
<u>4e</u>	Total program service	expenses ►\$ 12,98	39,864.	<del></del>	Form QQ(	1,0000

932002 02-04-10

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	X	Х
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	<b>—</b>	-21	
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	<b>—</b>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	_X_	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	ا ۔ ا		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u> </u>
10	located outside the United States? If "Yes," complete Schedule F, Part III	4.0		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>X</u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b> </b>		-21
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>x</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>x</u>
		Form	990 (2	

Form 990 (2009) CALIFORNIA FIRE SAFE COUNCIL, INC.

Part IV Checklist of Required Schedules (continued)

21 Dd the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, committed States on Part IX, committed States on Part IX, conform (A), line 72 "I" "Yes," complete Schedule I, Parts I and III  22 Dd the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2" II" "Yes," complete Schedule I, Parts I and III  23 Did the organization answer "Yes" to Part IVI, Section A), line 3, 4, or 5 about compensation of the organization's current and former officers, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule K II" "No", got to line 2" to Both the organization manual and second account other than a refunding excrow at any time during the year of defease any tax exempt bonds?  24 Dd the organization manual an ascrow account other than a refunding excrow at any time during the year?  25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year? If "Yes," complete Schedule L, Part II  25 IX				Yes	No
22 De dithe organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and IIII 22 X X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization as an "ion behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization as an "ion behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization as an "ion behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization was that it engaged in an excess benefit transaction with a disqualified person during the year? 17 Yes, "complete Schedule L, Part I Did the United Schedule L, Part II Did the United Schedule L, Part II Did the organization as of the end of the organization's tax year? 11 Yes, "complete Schedule L, Part II Did the organization as of the end of the organization's tax year? 11 Yes, "complete Schedule L, Part IV Did the organization as of the end of the organization was properly as of the end of the organization of the following parties, (see Schedule L, Part IV Did the organization as party to a business transaction with one of the following parties, (see Schedule L, Part IV Did the organization as office, or director, futuse, or	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
column (A), ine 27 if "Yes," complete Schedule I, Parts I and III  22 X  23 Dd the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II in the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II in the 25  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization aware that it engaged in an excess benefit transaction with a disqualfied person during the year? "Yes," complete Schedule L, Part II  15 Is the organization aware that it engaged in an excess benefit transaction with a disqualfied person outstanding as of the end of the organization's prior forms 950 or 950-672 if "Yes," complete Schedule L, Part II  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualfied person outstanding as of the end of the organization's prior forms 950 or 950-672 if "Yes," complete Schedule L, Part IV  37 Was also not or by a current or former officer, director, trustee, key employee? If "Yes," complete Schedule L, Part IV  38 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  39 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  30 Did the organiz		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
23 Did the organization answer "Yes" to Parl VIII, Section A, Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Value of the very a that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 Did the organization have a taxexempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  10 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  25d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I V a that the transaction has not been reported on any of the organization's proof Forms 990 or 990 EZP If "Yes," complete Schedule L, Part II V and that the transaction as not be net reported on any of the organization's poor Forms 990 or 990 EZP If "Yes," complete Schedule L, Part II V and the organization provide a grant or other assestance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee, substantial confribution, or a grant asselection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV b A family member	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December \$12, 2002? If "Yes," answer lines \$240 through 24d and complete Schedule I, "Not," go to line 25  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception?  c Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception?  d Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? details disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization on act and it in orgaging in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization on act and it is one of the organizations profit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990 E2? If "Yes," complete Schedule L, Part I  Was a boan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organizations tax year? If "Yes," complete Schedule L, Part IV  was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		column (A), line 2 <sup>9</sup> If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J  24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25  25	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule It. "Who", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Did the organization act any activities and activities anot office.  Did the organization organization activities and acti		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 22 b  Did the organization maintain an escribe account other than a refunding escribe any tax-evempt bonds?  Did the organization maintain an escribe account other than a refunding escribe any tax-evempt bonds?  Did the organization maintain an escribe account other than a refunding escribe any tax-evempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of the organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Organization engage 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 If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes," complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule L, Part If yes," complete Schedule L, Part If yes, "complete Schedule R, Part I, If, If, and yet, an		Schedule J	23		X
Schedule K. If "No", go to line 25  D to the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception?  D to the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  D the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? ("Yes," complete Schedule L, Part I")  Is the organization aware that it engaged ma nexcess 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-E27 ("Yes," complete Schedule L, Part I")  Was a be and to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? ("Yes," complete Schedule L, Part II")  Do the organization are prior to a person related to such an individual? ("Yes," complete Schedule L, Part II")  Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV")  A family member of a current or former officer, director, trustee, or key employee? ("Yes," complete Schedule L, Part IV")  A current or former officer, director, trustee, or key employee? ("Yes," complete Schedule L, Part IV")  A current or former officer, director, trustee, or key employee? ("Yes," complete Schedule L, Part IV")  A current or former officer, director, trustee, or key employee? ("Yes," complete Schedule L, Part IV")  D to the organization receive more than \$25,000 in non-cash contributions? ("Yes," complete Schedule L, Part IV")  D to the organization explay to a business transaction as a contributions? ("Yes," complete Schedule R, Part V, II")  D to the organization sell, exchange dispose of, or transfer more than 25% of it	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(x)3 and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part II b is the organization 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-E2? If "Yes," complete Schedule I, Part II b is the organization has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II b is the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28b X 24c 24c 25b 25c		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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Schedule L, Part I   25b	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O		· · ·			
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009) CALIFORNIA FIRE SAFE COUNCIL, INC.
Statements Regarding Other IRS Filings and Tax Compliance

	,				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gamıng			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		İ			
	filed for the calendar year ending with or within the year covered by this return	_2a	14			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	instruct	tions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by th	s return?	За		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	1)?	4a		X
b	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 $^{\circ}$	Bank ar	nd			
	Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding P	rohibited			
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orgai	nization solicit			
	any contributions that were not tax deductible?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods a	and services			
	provided to the payor?			7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ired			
	to file Form 8282?	1 1		7c		<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	persona		_		
	benefit contract?			7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property did the organization file Form 8800 as a converted.			7f		<u> </u>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7g		
8				7h		
J	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	•				
	at any time during the year?	ธอจ มนร	แเธออ เเบเนเหตูร	ايا		
9	Sponsoring organizations maintaining donor advised funds.			8		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		,	9b		
10	Section 501(c)(7) organizations. Enter			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · · ·				
-	amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				Form	990 (	2009)
						- /

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

sec	tion, A. Governing Body and Management				
	Established to the second of t	4 -		Yes	No
_	Enter the number of voting members of the governing body  5 than the number of voting members of the governing body	15	7		
b	Enter the number of voting members that are independent  1b	14	<u>:</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a	ny other			
_	officer, director, trustee, or key employee?		_2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	(1.10	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990	was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		_5		<u>X</u>
6	Does the organization have members or stockholders?		6		<u>X</u>
10	Does the organization have members, stockholders, or other persons who may elect one or more members governing body?	or the	_		37
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7a		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	the year	7b		
٠	by the following	ine year			
а	The governing body?		90	x	
	Each committee with authority to act on behalf of the governing body?		_8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	the	- 60	^	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. trie	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code )	<u>,                                    </u>	Li	
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	700	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapter	s, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	form?	11		Х
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	rise			
	to conflicts?		12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," or	escnbe			
	ın Schedule O how this is done		12c	X	
13	Does the organization have a written whistleblower policy?		13	_X_	
14	Does the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	-			
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with the contribute assets to a participate in a joint venture or similar arrangement with the contribute assets.	th a			
	taxable entity during the year?		16a		<u> X</u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	•			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organizatio	n's			
Sec	exempt status with respect to such arrangements? tion C. Disclosure	<del></del> _	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	(3)e only) available	for		
	public inspection Indicate how you make these available. Check all that apply	Nojo omyj avallable	101		
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of interest policy a	nd fine	ncial	
-	statements available to the public.		a	···oiai	
20	State the name, physical address, and telephone number of the person who possesses the books and record	rds of the organiza	tion. 🕨	•	
	NORMAN MOLINE - 626-445-5554				
	150 N. SANTA ANITA AVE., SUITE 640, ARCADIA, CA 91006	,			
	,,,,,,,		Form	990 (	2009)

932006 02-04-10

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average			Pos				<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional frustee	all 1	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BRUCE TURBEVILLE										
CHAIRMAN/CEO	20.00	X		Х		ļ		78,864.	0.	0.
J. LOPEZ			1			İ				
VICE CHAIRMAN	2.00	X	ļ	Х	_			0.	0.	0.
DAVID HORNE										•
TREASURER	2.00	X	ļ	Х		<u> </u>	$\vdash$	0.	0.	0.
JAY WATSON		l	l					_		•
BOARD MEMBER	2.00	X	-	X		-		0.	0.	0.
KEN BLONSKI	2 00		ŀ	l				_		•
BOARD MEMBER	2.00	X			-	-	Н	0.	0.	0.
TRACY KETELMAN	2 00		Ì	ŀ	ŀ			<b>^</b>		•
BOARD MEMBER CHERYL MILLER	2.00	^	$\vdash$	<u> </u>		<del> </del>	$\vdash$	0.	0.	0.
	2 00	J.						0.		0
BOARD MEMBER PAT KIDDER	2.00	^	$\vdash$	<del> </del>	-	<b> </b>	Н	<u> </u>	0.	0.
SECRETARY	2.00	v						0.	0.	0.
DAVE BISCHEL	2.00	<u> </u>	╁╌					0.		
BOARD MEMBER	2.00	v						0.	0.	0.
JERRY DAVIES	2.00	A	<del>                                     </del>			<del> </del>			0.1	0.
BOARD MEMBER	2.00	x						0.	0.	0.
FRANK STEWART		1	-					<u> </u>		
BOARD MEMBER	2.00	x	1					0.	o.	0.
TROY WHITMAN		-			-	ļ				
BOARD MEMBER	2.00	x						0.	0.	0.
WALTER MCCALL				İ						
BOARD MEMBER	2.00	х						0.	0.	_0.
PAT FROST						<del>                                     </del>				
BOARD MEMBER	2.00	x						0.	0.	0.
MARGARET GRAYSON						$I^-$			-	
EXECUTIVE DIRECTOR	40.00	<u> </u>	-	X	_	X		103,419.	0.	13,081.

Form 990 (2009)

Par	t VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est	1		-		<u> </u>
	(A) Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportable	İ	(F) Estima	
	,	hours per	-				арр	ly)	compensation from	compensation from related		amour othe	nt of er
		week	Individual trustee or director	stee			sated		the organization	organizations (W-2/1099-MISC	)	from	the
			ual truste	institutional trustee		Key employee	Highest compensated employee	_	(W-2/1099-MISC)		ı	organız and rel	
			Individ	Institu	Officer	Кеу еп	Highes	Former			0	rganıza	ations
		-						_					
		ļ				-	_				_		
										·			
•													
			-	 									
			1	ļ	ļ							<u> </u>	
				<u></u>									
			İ	İ									
1b	Total		<u></u>	1	L	l	<b>&gt;</b>		182,283.		<u>.</u>	13,	081.
2	Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 in reportable			1
	compensation from the organization	.,								<del></del>		Ye	s No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on	3		x
4	For any individual listed on line 1a, is the si	um of reportab	le co							the organization			
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									ces rendered to			X
Sec	the organization? If "Yes," complete Schedition B. Independent Contractors	tule J for such	pers	on							5	<u> </u>	X
1	Complete this table for your five highest co	ompensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of comp	ensatio	n from	
	the organization. NONE (A)								(B)			(C)	
	Name and business	address						-	Description of s	ervices	Com	pensat	tion
											_		
	T. bel a surface of the surface of t	landa and a second		د		A1.							
2	Total number of independent contractors ( \$100,000 in compensation from the organi	•	iOT li	rnite	a 10		se lis 0	stec	apove) who received n	nore than			
											Foi	m <b>99</b> 0	(2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	12,262,396.	12,262,396.		
2	Grants and other assistance to individuals in				<u>-</u> -
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	183,864.	72,045.	111,819.	<del> </del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	469,849.	299,158.	170,067.	624.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	13,581.	7,072.	6,490.	19.
10	Payroll taxes	53,929.	30,414.	23,467.	48.
11	Fees for services (non-employees)				
а	Management	20 020	20.000		_
b	Legal	30,839.	30,008.	831.	
С	Accounting	77,056.		77,056.	
	Lobbying	33,000.		33,000.	· · · · · · · · · · · · · · · · · · ·
	Professional fundraising services. See Part IV, line 17				·····
f	Investment management fees	21 044	22 510	0 224	
9	Other	31,844.	23,510.	8,334.	
12	Advertising and promotion	6,613. 76,791.	6,613. 58,339.	18,417.	2.5
13	Office expenses	70,791.	30,339.	10,41/.	35,
14	Information technology				
15 16	Royalties Occupancy	92,917.	56,319.	36,598.	<del></del>
17	Travel	108,496.	58,810.	49,686.	
18	Payments of travel or entertainment expenses	100,450.	30,010.	43,000.	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	61,390.	53,476.	7,914.	
20	Interest	47.		47.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	<del></del>			<del></del>
23	Insurance	54,595.	31,704.	22,834.	57.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а					
b					
С				-	
d	<del></del>				<u> </u>
e	<del></del>				
f	All other expenses	13 558 335	10.000.004	F.C. F.C.	
25	Total functional expenses. Add lines 1 through 24f	13,557,207.	12,989,864.	566,560.	783
26	Joint costs. Check here Jif following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		L		Form <b>990</b> (2009

Form 990 (2009) CALIFORNIA FIRE SAFE COUNCIL, INC. 75-3078419 Page 11

Part	<u> </u>	Balance Sheet		<del>,                                     </del>		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,727,485.	2	5,054,794.
	3	Pledges and grants receivable, net		241,273.	3	123,680.
-	4	Accounts receivable, net			4	3,024
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
ļ.		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
3	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
į	9	Prepaid expenses and deferred charges		13,877.	9	20,768
-	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	þ	Less accumulated depreciation	10b		10c	
-	11	Investments - publicly traded securities			11	
-	12	Investments - other securities. See Part IV, line	11		12	
.	13	Investments · program-related See Part IV, line		13		
.	14	Intangible assets		14		
.	15	Other assets See Part IV, line 11	3,132.	15	5,228	
.	16 _	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,985,767.	16	5,207,494
Π.	17	Accounts payable and accrued expenses		75,391.	17	134,396
-	18	Grants payable	557,866.	18	1,161,051	
-	19	Deferred revenue		1,168,300.	19	3,702,799
2	20	Tax-exempt bond liabilities			20	
ء   ء	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
2	22	Payables to current and former officers, directo	rs, trustees, key employees,			
		highest compensated employees, and disqualif	ed persons Complete Part II			
,		of Schedule L			22	
1	23	Secured mortgages and notes payable to unrela	ated third parties		23	
12	24	Unsecured notes and loans payable to unrelate	d third parties		24	
2	25	Other liabilities Complete Part X of Schedule D			25	
	<u> 26</u>	Total liabilities. Add lines 17 through 25		1,801,557.	26	4,998,246
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
3		lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets	~	46,102.	27	18,438
2	28	Temporarily restricted net assets		138,108.	28	190,810
2	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117, c	heck here 🕨 🔲 and			
		complete lines 30 through 34.				
}  ;	30	Capital stock or trust principal, or current funds			30	
] :	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
;   ;	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
፡   ;	33	Total net assets or fund balances		184,210.	33	209,248.
.	34	Total liabilities and net assets/fund balances		1,985,767.	34	5,207,494.

Form **990** (2009)

		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		1	
Act and OMB Circular A-133?	_ 3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Х	

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

Department of the Treasury Internal Revenue Service

**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. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

<u> </u>			NIA FIRE SAF			INC.			75	-30/8419				
Part I	<del></del>	•	rity Status (All organiz					ructions						
The organ		·	because it is (For lines 1	-		-	•							
1 📙	A church, coi	nvention of churche	s, or association of church	ches desc	nbed in se	ction 170	(b)(1)(A)(i)							
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)										
3	· · ·	•	ital service organization of											
4		_	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i <b>ı).</b> Enter th	ne hospital's name,				
_	city, and stat													
5 📖			benefit of a college or ur	niversity ov	vnea or op	perated by	a governr	nental uni	it describe	d in				
. $\Box$		(b)(1)(A)(iv). (Compl												
6 L	· ·		nent or governmental unit			. ,.								
7 X	•	•	ceives a substantial part	oi its supp	ort from a	governme	ental unit d	r from the	general p	ublic described in				
•		b)(1)(A)(vi). (Comple		(Complete	Dort II.)									
9 🗌	-		section 170(b)(1)(A)(vi).			ram aantr	hutiana m		n food on	d arasa rasanata fram				
9 🗀	_	•	ceives (1) more than 33 1 nctions - subject to certa						•	•				
		•	axable income (less sect	•	•	•				•				
		509(a)(2). (Complete	•	ilon o i i ta	,, nom 50	011100000	acquired b	y tric orga	inization a	ner ourie 50, 1575				
10 🔲		, ,, , ,	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	I).						
11 🗔	-	-	perated exclusively for th	-	•			•	v out the r	ourposes of one or				
		-	ations described in secti											
			organization and comple				•	•						
	a Type I	b	Type II c	: 🔲 тур	e III · Func	tionally in	egrated		d 🔲	Type III - Other				
е 🔙	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r <mark>more d</mark> is	qualified p	ersons other than				
	foundation m	anagers and other	than one or more publicly	y supporte	d organiza	itions des	cribed in s	ection 50	9(a)(1) or s	ection 509(a)(2)				
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III						
	supporting of	rganization, check t	his box											
9	Since August	t 17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?					
	• • •	•	directly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (	(III) below,	Yes No				
	_	• •	upported organization?							11g(i)				
		•	n described in (i) above?		_					11g(II)				
		iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization(s)												
h	Provide the f	ollowing information	about the supported or	ganization	(s)									
<u> </u>		Ι	(iii) Type of	l		4 > D.4			tho.	<del></del> -				
	e of supported	(ii) EIN	organization		organization sted in your		u notity the ion in col.	(vi) la organizati	on in col.	(vii) Amount of				
org	anization		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the	support				
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No					
								1.00	100					
							}							
							<u> </u>							
-						1		]						
					ļ <u>.</u>	ļ								
				<del>                                     </del>	ļ	ļ			-					
<b>-</b>														
Γotal		ĺ	1	1		I	1	1	1					

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 CALIFORNIA FIRE SAFE COUNCIL Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 1 Gifts, grants, contributions, and membership fees received (Do not 4619250. 7241187. 10113612. 13559823. 40412548. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4878676. 4619250. 7241187.10113612.13559823.40412548. Total. Add lines 1 through 3 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) 40412548. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 4878676. 4619250. 7241187.10113612.13559823.40412548. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 3,425. 10,026. 22.048. 16,372. 14.589. 66,460. Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 3,160. 300. 3,406 2.474 700. 10,040. assets (Explain in Part IV) 40489048. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 99.81 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 99.79 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright |X|$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. 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 - 2009. 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 b 10% -facts-and-circumstances test - 2008. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

Pa	art III Support Schedule for C	Organizations	Described in	Section 509(a	)(2) (Complete only	ıf you checked th	ne box on line 9 of Part I.)
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the			İ			
	organization's tax-exempt purpose					ļ	
3	Gross receipts from activities that					1	
	are not an unrelated trade or bus-						
	iness under section 513					ļ	
4	Tax revenues levied for the organ						
	ization'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 organization without charge		<del>.</del>				
	Total. Add lines 1 through 5					<del> </del>	
/ 8	Amounts included on lines 1, 2, and			ļ	}		
,	3 received from disqualified persons 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  Add lines 7a and 7b					<del> </del> -	<del></del>
	Public support (Subtract line 7c from line 6)					<del></del>	<del></del>
	ction B. Total Support					1	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6		(5) = 333	(6) 200.	(0) 2000	(6) 2000	(i) rotai
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u></u>	
(	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is					1	
	regularly carried on		•				
12	Other income Do not include gain or loss from the sale of capital					i	
	assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)			_	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth to	ax year as a section	n 501(c)(3) org	anızatıon,
<u></u>	check this box and stop here	in Command De					
	ction C. Computation of Publ					<del>                                     </del>	<del></del>
	Public support percentage for 2009 (I		•	column (f))		15	<u> </u>
16	Public support percentage from 2008 ction D. Computation of Investigation				<del></del>	16	%
			<del></del>		<del></del>	1 1	
17	Investment income percentage for 20 Investment income percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	ne 13, column (1))		17	<u>%</u>
18	· · · · · · · · · · · · · · · · · · ·		•	on line 14, and line	15 is more than 3	18	%
136	33 1/3% support tests - 2009. If the more than 33 1/3%, check this box at	=				•	THE TY IS HOL
ŀ	33 1/3% support tests - 2008. If the	-	-				<b>▶</b> ∟_ % and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization					-	
		D.D. J.C. Griddin a		_, s. 100, oncok ti			900 or 900 EZ) 2000

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

pen to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B

Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizat	tions Complete Part III			
Nar	ne of organization			Emp	loyer identification number
		NIA FIRE SAFE C			75-3078419
Pi	art I-A Complete if the org	anization is exempt un	der section 501(c	) or is a section 527 o	organization.
1	Provide a description of the organiz	ation's direct and indirect polit	ical campaign activities	s in Part IV	
2	Political expenditures			▶ \$	
3	Volunteer hours				0.
P	art I-B Complete if the org	anization is exempt un	der section 501/c	1/(3)	
	Enter the amount of any excise tax			<del></del>	S0.
2		· · · · · · · · · · · · · · · · · · ·		i5 <b>▶</b> \$	0.
3	If the organization incurred a section	· -	_		Yes No
	a Was a correction made?	,	• • • • • • • • • • • • • • • • • • • •		Yes No
	b If "Yes," describe in Part IV	.=.			
Pá	art I-C Complete if the org	anization is exempt un	der section 501(c	), except section 501	(c)(3).
1	Enter the amount directly expended	I by the filing organization for s	ection 527 exempt fun	ction activities > \$	S
2	Enter the amount of the filing organ	ization's funds contributed to o	other organizations for	section 527	
	exempt function activities			▶ \$	S
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-PO	L, .	
	line 17b			▶ \$	·
	Did the filing organization file Form	•	5.W. W		Yes No
5	Enter the names, addresses and en For each organization listed, enter t				
	that were promptly and directly deli				
	(PAC) If additional space is needed			oparate orgregated fand of	a political action committee
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(2) (12	(6) / (66/656	(0) 2	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0.
		<del></del>			

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009  Part II-A   Complete if the org	CALIFORNIZ	A FIRE SAFE	COUNCIL, INC	75-: ed Form 5768	3078419 Page 2
(election under sec					
A Check  if the filing organiza	tion belongs to an af	filiated group			
` —	ŭ	and "limited control" pro	ovisions apply		
	ts on Lobbying Expeditures" means amo	enditures ounts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to infli	uence a legislative bo	ody (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1	d)			
f Lobbying nontaxable amount Entitle	er the amount from th	ne following table in bot	h columns		
If the amount on line 1e, column (a) o	or (b) is. The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% o	f the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000			
g Grassroots nontaxable amount (er	iter 25% of line 1f)		_		
h Subtract line 1g from line 1a If zer	o or less, enter -0-			··-	<u> </u>
Subtract line 1f from line 1c If zero	•				
j If there is an amount other than ze	ro on either line 1h o	r line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this			<del> </del>		Yes No
	ations that made a		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))				<del></del>	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

# (election under section 501(h)).

	·	(a	)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of			
-	Volunteers?		<u> </u>	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-	X	
	Media advertisements?		X	
	Mailings to members, legislators, or the public?	<del></del>	X	
	Publications, or published or broadcast statements?		_ X	<del></del>
	Grants to other organizations for lobbying purposes?		X	·
_	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	· · · · · · · · · · · · · · · · · · ·
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? If "Yes," describe in Part IV	V	Х	22 000
	·	X		33,000
-	Total Add lines 1c through 1i	-	v	33,000
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912		X	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ŀ	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	t III-A   Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	5). or se	ction
L <u> </u>	501(c)(6).	J. J. (J.)	0,, 0. 00	
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	
Part	t III-B Complete if the organization is exempt under section 501(c)(4), secti		• •	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, Iir	ne 3 is ar	nswered
1	Dues, assessments and similar amounts from members		1	
-	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal		
	expenses for which the section 527(f) tax was paid).			
а			1 1	
	Current year		2a	
	Current year Carryover from last year		2a 2b	
	Current year Carryover from last year Total		2b	
С	Carryover from last year Total		2b 2c	
С	Carryover from last year	cess	2b	
с 3	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		2b 2c	
с 3	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2b 2c 3	
с 3 4	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		2b 2c 3	
с 3 4	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		2b 2c 3	
5 Parl	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information	political	2b 2c 3	. complete this part
3 4 5 Pari	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	political	2b 2c 3	, complete this part
5 Part Comp	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  It IV Supplemental Information  Delete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	political	2b 2c 3	, complete this part
5 Part Comp	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  It IV Supplemental Information  Determine the provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and additional information	political	2b 2c 3	, complete this part
5 Part Comp	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  It IV Supplemental Information  Determine the provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and additional information	oolitical nd Part II-B, I	2b 2c 3 4 5	
5 Part Compfor an PAR	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  It IV Supplemental Information  Delete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and additional information  AT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:  LIFORNIA FIRE SAFE COUNCIL, INC. PAID A CONSULTANT	nd Part II-B, I	2b 2c 3 4 5 5 Ine 1i. Also	R
5 Part Compfor an PAR	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  It IV Supplemental Information  Delete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and additional information  AT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:	nd Part II-B, I	2b 2c 3 4 5 5 Ine 1i. Also	R
5 Part Compfor and PAR CAL	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  It IV Supplemental Information  Delete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and additional information  AT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:  LIFORNIA FIRE SAFE COUNCIL, INC. PAID A CONSULTANT	TO LOB	2b 2c 3 4 5 ine 1i. Also BY FOI	R ED
5 Pari Comptor an PAR CAL FUN	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and  expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  IV Supplemental Information  Detect this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and additional information  ET II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:  LIFORNIA FIRE SAFE COUNCIL, INC. PAID A CONSULTANT  JUING FROM THE STATE OF CALIFORNIA. LOBBYING ACTIVITIES  GULAR VISITS AND INTERACTIONS WITH STATE LEGISLATOR	TO LOB	2b 2c 3 4 5 ine 1i. Also BY FOI	R ED
5 Part Compfor an PAR CAL	Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex  does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  It IV Supplemental Information  Determine the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and additional information  ATTIL-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:  LIFORNIA FIRE SAFE COUNCIL, INC. PAID A CONSULTANT  IDING FROM THE STATE OF CALIFORNIA. LOBBYING ACTIVITIES	TO LOB	2b 2c 3 4 5 ine 1i. Also BY FOI	R ED

Schedule C (Form 990 or 990-EZ) 2009

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization

CALIFORNIA FIRE SAFE COUNCIL. INC.

Employer identification number 75 – 3078419

Pai	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	, , ,	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	<del></del>	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	·	•
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Dai	t III Organizations Maintaining Collections o	f Art Historical Traccures or (	Other Cimilar Assets
Га	Complete if the organization answered "Yes" to Form		other Similar Assets.
	Complete if the organization answered Tes 10 Form	330, Fait IV, line 0	
10	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	halanaa ahaat warka of oot hustariaal
Id	treasures, or other similar assets held for public exhibition, e	·	
	the footnote to its financial statements that describes these	·	ublic service, provide, in Part XIV, the text of
<b>.</b>	If the organization elected, as permitted under SFAS 116, to		non about works of art, biotograph transcript
b	or other similar assets held for public exhibition, education, of		
	these items	or research in furtherance of public service	e, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b> •
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures or other similar assets for financia	ral dain, provide
-	the following amounts required to be reported under SFAS 1		argani, provide
а	Revenues included in Form 990, Part VIII, line 1	10 Totaling to tribuo items	<b>▶</b> \$
ь	Assets included in Form 990, Part X		► \$ ► \$
_	•		·

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

		NIA FIRE S					<u>75-30</u>	<u> 78419</u>	Page 2
Pai	<del></del>								
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of th	ne following tha	at are a si	gnificant i	use of its i	collection	items
	(check all that apply)		. 🗀 .						
а	Public exhibition	(		xchange progr	ams				
b	Scholarly research	•	e						
С	Preservation for future generations								
4	Provide a description of the organization's co						se in Part	XIV	
5	During the year, did the organization solicit of				er sımılar	assets	_	3	
	to be sold to raise funds rather than to be m							Yes	No No
Pai	t IV Escrow and Custodial Arran		lete if organization	answered "Ye	s" to Forr	n 990, Pa	rt IV, line !	e, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for contributi	ons or other as	ssets not	ıncluded		_	
	on Form 990, Part X?							Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table				<del></del>		
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	217					Yes	☐ No
	If "Yes," explain the arrangement in Part XIV								
Pai	t V   Endowment Funds. Complete	f the organization ar	nswered "Yes" to I	Form 990, Part	IV, line 1	0			
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			1					
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held	as						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	%							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administe	ered for th	ne organiz	ation		
	by					_		5	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?					3b	
4	Describe in Part XIV the intended uses of the	e organization's end	owment funds						
Pai	t VI Investments - Land, Building	gs, and Equipm	ent. See Form 99	90, Part X, line	10				
	Description of investment	(a) Cost or o	other (b) Co	st or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investi	ment) bas	ıs (other)	dep	reciation			
1a	Land				_	,			
ь	Buildings								
С	Leasehold improvements				,			·	
d	Equipment								
_	Other	·			-				
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X, column (B). line	e 10(c) )	***		<b></b>		0.

Schedule D (Form 990) 2009

uncertain tax positions under FIN 48

_	dule D (Form 990) 2009 CALIFORNIA FIRE SAFE COUNC	IL,	INC.		<u> </u>	<u>3078419</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial S	tatemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		13,582	,245.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		13,557	,207.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			,038.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net) Add lines 4 through 8			9			0.
10 Dar	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII   Reconciliation of Revenue per Audited Financial Stateme		ith Boyor	10	r Potur		038.
		1115 44	itii nevei	iue pe			245
1	Total revenue, gains, and other support per audited financial statements				1	13,582	, 245.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	اما					
a	Net unrealized gains on investments	2a					
D	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d			_		0
e	Add lines 2a through 2d				2e	13,582	245
3	Subtract line 2e from line 1				3	13,582	, 445.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4- 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
D	Other (Describe in Part XIV)	4b			$\dashv$ , $\mid$		0
C E	Add lines 4a and 4b  Total revenue. Add lines 2 and 4a. This must equal form 900. Part I line 13.1				4c 5	13,582	0.
Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  † XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Exne	nses		13,30 <u>2</u> Irn	, 245.
1	Total expenses and losses per audited financial statements	CIIICO V	THE LAPO	11000	1	13,557	207
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				-	10,001	, 201.
a	Donated services and use of facilities	2a					
h	Prior year adjustments	2b					
	Other losses	2c					
d	Other (Describe in Part XIV)	2d					
e	Add lines 2a through 2d		···		2e		0.
3	Subtract line 2e from line 1				3	13,557	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				-	13,337	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
c	Add lines 4a and 4b		<del></del>		4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	13,557	
Pai	t XIV Supplemental Information						
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	I, lines 1	a and 4, Pa	ırt IV, lın	es 1b and	2b, Part V, line	4, Part
X, line	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	lete this	part to pro	vide an	y additional	Information	
						<u>.                                      </u>	
	ти					<del>-</del>	<del></del>

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No 1545-0047 Inspection

> Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization							Employer identification number	ber
ł	A FIRE SA	SAFE COUNCIL,	INC.				75-3078419	9
Part I General Information on Grants and Assistance	nd Assistance							
1 Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	•	
criteria used to award the grants or assistance?	stance?						X Yes	ŝ
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for moni	toring the use of grant	funds in the United	States	-		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	• United States. C	omplete if the org	anization answered "Y	es" to Form 990, Part	IV, line 21, for any	ſ
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	55,000 Check this	box if no one recipien	it received more th	an \$5,000 Use Pa	art IV and Schedule I-1	(Form 990) if addition	ial space is needed	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
							WILDFIRE PROTECTION	
ALPINE COUNTY FIRE SAFE COUNCIL							PROJECTS INCLUDING	
PO BOX 67							PRE-FIRE PLANNING,	
MARKLEEVILLE, CA 96120	04-3758106	501(C)(3)	00006	0	N/A	N/A	HAZARDOUS FUELS	
							WILDFIRE PROTECTION	
AMADOR FIRE SAFE COUNCIL							PROJECTS INCLUDING	
PO BOX 1055							PRE-FIRE PLANNING,	
PINE GROVE, CA 95665	22-3866904	501(C)(3)	319,000.	0	N/A	N/A	HAZARDOUS FUELS	
							WILDFIRE PROTECTION	
ANGELES FOREST VALLEYS & LAKES FSC							PROJECTS INCLUDING	
15444 SPUNKY CYN RD							PRE-FIRE PLANNING,	
GREEN VALLEY, CA 91390	27-0026951	501(C)(3)	134,120.	0	N/A	N/A	HAZARDOUS FUELS	
							WILDFIRE PROTECTION	
ARROWHEAD COMMUNITIES FSC							PROJECTS INCLUDING	
PO BOX 563							PRE-FIRE PLANNING,	
LAKE ARROWHEAD, CA 92352	01-0746407	501(C)(3)	300,000	0.	N/A	N/A	HAZARDOUS FUELS	
AUBURN LAKE TRAILS FIRE SAFETY &							WILDFIRE PROTECTION	
IMPROVEMENT COUNCIL - 1400							PROJECTS INCLUDING	
AMERICAN RIVER TRL - COOL, CA							PRE-FIRE PLANNING,	
96514	20-3262737	501(C)(3)	14,394,	0.	N/A	N/A	HAZARDOUS FUELS	
							WILDFIRE PROTECTION	
BENNETT RIDGE COMMUNITY							PROJECTS INCLUDING	
ASSOCIATION - 2590 BENNETT RIDGE							PRE-FIRE PLANNING,	
RD SANTA ROSA, CA 95404	- 68-0184653	501(C)(3)	5,025,	0	N/A	N/A	HAZARDOUS FUELS	ļ
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					<b>A</b>	65.
3 Enter total number of other organizations							<b>P</b> 2'	27.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	8

75-3078419

Schedule I (Form 990) 2009 CALIFORNIA FIRE SAFE COUNCIL, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(c) Amount of (d) Amount of non (e) Method of valuation (f) Description of non-cash assistance cash grant cash assistance			ed in Part I, line 2, and any other additional information	ASSIGNED THE RESPONSIBILITY	S ON SUBAWARDS. THEY PROVIDE	WITH THE SUBRECIPIENTS,	D PERFORM SITE VISITS.	NG SYSTEMS THAT INCLUDES	HEETS FOR TRACKING		
(b) Number of c) Ar recipients cas			the information require	ANAGERS ARE	IAL PROGRESS	LAR CONTACT	BUDGETS, AND	AINS TRACKI	AND SPREADSHEETS	IONS.	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	SCHEDULE I, PART I, LINE 2: GRANT MANAGERS	OF TRACKING THE PROGRAMS AND FINANCIAL	TECHNICAL ASSISTANCE, MAINTAIN REGULAR CONTACT WITH	REVIEW THEIR FINANCIAL REPORTS AND BUDGETS,	FURTHERMORE, THE ORGANIZATION MAINTAINS TRACKING	PROGRESS REPORTING ON THE WEBSITES	SUBGRANT-RELATED ISSUES AND RESOLUTIONS	

PART II, LINE 1, COLUMN (H):

SCHEDULE I-1
(Form 990)
Department of the Treasury Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Employer identification number 75-3078419

CALIFORNIA FIRE SAFE COUNCIL, INC.

_	7	יייי דיייי	11 - 44 -:	240 0/ 4-40 F -4	20 (000 min 2) 1 al. 16		
Part I Continuation of Grants and Other Assistance to governments and Organizations in the United States (Schedule   Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sche	dure i (norm 990), Ma	n    )	
(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
							WILDFIRE PROTECTION
BIG BEAR VALLEY FIRE SAFE COUNCIL							PROJECTS INCLUDING
PO BOX 6328			,				PRE-FIRE PLANNING,
BIG BEAR CITY, CA 92315	27-0081505	501(C)(3)	87,000.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
BISHOP INDIAN TRIBAL COUNCIL							PROJECTS INCLUDING
50 TU SU LANE							PRE-FIRE PLANNING,
BISHOP, CA 93514	95-1905064		64,282,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
BRIDGEVILLE COMMUNITY CENTER							PROJECTS INCLUDING
PO BOX 3							PRE-FIRE PLANNING,
BRIDGEVILLE, CA 95526	31-1763137	501(C)(3)	114,553,	0	N/A	N/A	HAZARDOUS FUELS
			•				WILDFIRE PROTECTION
BUTTE COUNTY FIRE SAFE COUNCIL			, -				PROJECTS INCLUDING
767 BIRCH STREET							PRE-FIRE PLANNING,
PARADISE, CA 95967	10-0004010	501(C)(3)	68,625,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CALAVERAS FOOTHILLS FIRE SAFE							PROJECTS INCLUDING
COUNCIL - PO BOX 812 - MURPHYS, CA		-					PRE-FIRE PLANNING,
95247	74-3072915	501(C)(3)	210,800.	0	N/A	N/A	HAZARDOUS FUELS
						-	WILDFIRE PROTECTION
CARBON CANYON FIRE SAFE COUNCIL							PROJECTS INCLUDING
3233 GRAND AVE., STE N-314							PRE-FIRE PLANNING,
CHINO HILLS, CA 91709	91-2166978	501(C)(3)	52,300.	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CARVEACRE RANCH ESTATES							PROJECTS INCLUDING
HOMEOWNER'S ASSOCIATION - PO BOX							PRE-FIRE PLANNING,
1576 - ALPINE, CA 91903			124,845,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
CHIMNEY CANYON FIRE SAFE COUNCIL							PROJECTS INCLUDING
12056 MEDOC LANE							PRE-FIRE PLANNING,
SAN DIEGO, CA 92131	20-0723169	501(C)(3)	92,028.	0,N/A	1/A	N/A	HAZARDOUS FUELS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public Inspection

(h) Purpose of grant or assistance WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION VILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION ROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING **Employer identification number** PROJECTS INCLUDING PROJECTS INCLUDING PROJECTS INCLUDING ROJECTS INCLUDING RE-FIRE PLANNING, ROJECTS INCLUDING RE-FIRE PLANNING RE-FIRE PLANNING. RE-FIRE PLANNING 'RE-FIRE PLANNING, PRE-FIRE PLANNING, RE-FIRE PLANNING RE-FIRE PLANNING, AZARDOUS FUELS HAZARDOUS FUELS HAZARDOUS FUELS IAZARDOUS FUELS IAZARDOUS FUELS IAZARDOUS FUELS HAZARDOUS FUELS AZARDOUS FUELS 75-3078419 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation 0,N/A (e) Amount of non-cash assistance 75,000 195,750, 293,400, 26,000, 80,250, 50,000, 400 140,055 (d) Amount of cash grant INC. CALIFORNIA FIRE SAFE COUNCIL, (c) IRC section if applicable 501(C)(3) 501(C)(3) 68-0454530 501(C)(3) 501(C)(3) 501(C)(3) 77-0312582 94-1657456 94-2831592 26-2237161 (P) EIN COMMUNITY FOUNDATION OF SAN BENITO COUNTY - 829 SAN BENITO ST, SUITE COTTONWOOD CREEK WATERSHED GROUP COMMUNITY RECOVERY TEAM, INC. CIRCLE OAKS HOME ASSOCIATION (a) Name and address of organization or government CONSERVATION CORPS NORTH BAY 10035 BLOSSOM VALLEY ROAD 200 - HOLLISTER, CA 95023 BIG BEAR LAKE, CA 92315 CITY OF BIG BEAR LAKE COTTONWOOD, CA 96022 SAN RAFAEL, CA 94901 Name of the organization 1600 HUNTINGTON DR. BRADBURY, CA 91008 EL CAJON, CA 92021 CITY OF BRADBURY DUARTE, CA 91010 600 WINSTON AVE. 27 LAKESPUR ST. CITY OF DUARTE NAPA, CA 94558 PO BOX 10000 PO BOX 4151 PO BOX 1198

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Inspection

(h) Purpose of grant or assistance VILDFIRE PROTECTION VILDFIRE PROTECTION WILDFIRE PROTECTION VILDFIRE PROTECTION VILDFIRE PROTECTION VILDFIRE PROTECTION VILDFIRE PROTECTION VILDFIRE PROTECTION Employer identification number ROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING RE-FIRE PLANNING RE-FIRE PLANNING ROJECTS INCLUDING 'RE-FIRE PLANNING, PRE-FIRE PLANNING, RE-FIRE PLANNING, PRE-FIRE PLANNING, RE-FIRE PLANNING, HAZARDOUS FUELS HAZARDOUS FUELS IAZARDOUS FUELS AZARDOUS FUELS IAZARDOUS FUELS IAZARDOUS FUELS AZARDOUS FUELS 75-3078419 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II ) (book, FMV, appraisal, other) (f) Method of valuation (e) Amount of non-cash assistance (d) Amount of cash grant 810, 795, 295, 116,000 57,000 439,847, 70,000, 567,836 37. INC. FIRE SAFE COUNCIL, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 509(A)(1) 501(C)(3) 501(C)(3) 34-1988484 31-1661233 91-2164658 04-3631411 47-0921300 58-2679050 (b) EIN CALIFORNIA COUNCIL - PO BOX 747 - NORTH FORK, EL DORADO COUNTY FIRE SAFE COUNCIL - PO BOX 460097 - ESCONDIDDO EASTERN MADERA COUNTY FIRE SAFE DEER SPRINGS FIRE SAFE COUNCIL FIRE SAFE COUNCIL OF SISKIYOU 1404 FRANKLIN ST., SUITE 300 (a) Name and address of organization or government FALLBROOK FIRE SAFE COUNCIL DIABLO FIRE SAFE COUNCIL POLLOCK PINES, CA 95726 915 8TH ST., SUITE 125 MARYSVILLE, CA 95901 FALLBROOK, CA 92088 MT SHASTA, CA 96067 Name of the organization OAKLAND, CA 94612 206 SHASTA AVE. COUNTY OF YUBA PO BOX 1237 PO BOX 763 CA 92046 CA 93643 Part INC.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

91-1821198 501(C)(3)

2300 COUNTY CENTER DRIVE, 221A

FIRE SAFE SONOMA

SANTA ROSA, CA 95403

Schedule I-1 (Form 990) 2009

ROJECTS INCLUDING

'RE-FIRE PLANNING,

AZARDOUS FUELS

62,757

Department of the Treasury nternal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

Open to Public Inspection

(h) Purpose of grant or assistance WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION PROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING Employer identification number 'RE-FIRE PLANNING, RE-FIRE PLANNING, RE-FIRE PLANNING 'RE-FIRE PLANNING, PRE-FIRE PLANNING, HAZARDOUS FUELS HAZARDOUS FUELS AZARDOUS FUELS AZARDOUS FUELS AZARDOUS FUELS 75-3078419 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, (e) Amount of non-cash assistance (d) Amount of cash grant 005 750 245,200 295,276 24,000 104 94, COUNCIL, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) SAFE 80-0349812 22-3937969 94-3317612 20-4566152 FIRE (P) EIN CALIFORNIA FIRE SAFE COUNCIL OF NEVADA COUNTY GREATER ALPINE FIRE SAFE COUNCIL DISTRICT - 24320 FORESTHILL RD. (a) Name and address of organization or government FORESTHILL FIRE PROTECTION FRIENDS OF CAMP EL-O-WIN CA 95959 FORESTHILL, CA 95631 Name of the organization 119 N PARK DRIVE CLOVIS, CA 93613 FRIENDS OF CREST ALPINE, CA 91903 CREST, CA 92021 NEVADA CITY PO BOX 1477 PO BOX 342 PO BOX 593

92,000

501(C)(3)

74-3111258

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

WILDFIRE PROTECTION

PROJECTS INCLUDING

PRE-FIRE PLANNING

ROJECTS INCLUDING

PRE-FIRE PLANNING

AZARDOUS FUELS

80,000

501(C)(3)

95-6000925

- PO BOX 1480 - TEHACHAPI,

CA 93581 COUNCIL

GREATER TEHACHAPI FIRE SAFE

HAPPY CAMP FIRE SAFE COUNCIL

HAPPY CAMP, CA 96039

PO BOX 444

89,656,

501(C)(3)

72-1538742

HIGH SIERRA RESOURCE CONSERVATION & DEVELOPMENT - 251 AUBURN RAVIND

RD #105 - AUBURN, CA 95603

WILDFIRE PROTECTION

HAZARDOUS FUELS

PROJECTS INCLUDING

PRE-FIRE PLANNING

HAZARDOUS FUELS

SCHEDULE 1-1
(Form 990)
Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047
2009
Open to Public
Inspection

Internal Revenue Service		200	. (co o .) . o				Inspection
Name of the organization CAL TFORNTA	7 7 7	SAFE COUNCIL.	ĮN.			Employe 7	Employer identification number 75 – 3078419
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Orgar	nizations in the U	nited States (Sche	edule I (Form 990), Pai		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							WILDFIRE PROTECTION
HIGHWAY 108							PROJECTS INCLUDING
PO BOX 692							PRE-FIRE PLANNING,
TUOLUMNE CA 95379	74-3072909	501(C)(3)	50,200.	0.	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
HIGHWAY 168							PROJECTS INCLUDING .
PO BOX 639							PRE-FIRE PLANNING,
PRATHER, CA 93651	46-0472676	501(C)(3)	111,000,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
HUMBOLDT COUNTY COMMUNITY							PROJECTS INCLUDING
DEVELOPMENT SERVICES DEPARTMENT -							PRE-FIRE PLANNING,
3015 H STREET - EUREKA, CA 95501			19,289,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
INTER-CANYON LEAGUE FIRE SAFE							PROJECTS INCLUDING
COUNCIL - PO BOX 522 - YORBA							PRE-FIRE PLANNING,
LINDA, CA 92886	95-3787669	501(C)(3)	262,250.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
KERN RIVER VALLEY FIRE SAFE							PROJECTS INCLUDING
COUNCIL - PO BOX 633 - KERNVILLE,							PRE-FIRE PLANNING,
CA 93238	55-2293142	501(C)(3)	286,300,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
LASSEN COUNTY FIRE SAFE COUNCIL							PROJECTS INCLUDING
PO BOX 816				-			PRE-FIRE PLANNING,
SUSANVILLE, CA 96130	13-4209663	501(C)(3)	114,042.	0	N/A	N/A	HAZARDOUS FUELS
			-				WILDFIRE PROTECTION
MALIBU WEST HOMEOWNERS ASSOCIATION							PROJECTS INCLUDING
30756 PACIFIC COAST HWY							PRE-FIRE PLANNING,
MALIBU, CA 90265	90-0415799		90,000	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
MARIN FIRE SAFE COUNCIL							PROJECTS INCLUDING
650 LAS GALLINAS AVENUE							PRE-FIRE PLANNING,
SAN RAFAEL, CA 94903	68-0375763	501(C)(3)	59,073,	0	N/A	N/A	HAZARDOUS FUELS
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ıction Act Notice,	see the Instructions	for Form 990.				Schedule I-1 (Form 990) 2009

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Department of the Treasury Internal Revenue Service SCHEDULE 1-1 Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Inspection

Employer identification number 75-3078419

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance VILDFIRE PROTECTION VILDFIRE PROTECTION WILDFIRE PROTECTION VILDFIRE PROTECTION WILDFIRE PROTECTION VILDFIRE PROTECTION VILDFIRE PROTECTION WILDFIRE PROTECTION PROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING PROJECTS INCLUDING PROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING RE-FIRE PLANNING, 'RE-FIRE PLANNING, 'RE-FIRE PLANNING, RE-FIRE PLANNING, 'RE-FIRE PLANNING RE-FIRE PLANNING 'RE-FIRE PLANNING, PRE-FIRE PLANNING, AZARDOUS FUELS AZARDOUS FUELS IAZARDOUS FUELS IAZARDOUS FUELS IAZARDOUS FUELS IAZARDOUS FUELS AZARDOUS FUELS HAZARDOUS FUELS (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) N/A (book, FMV, appraisal, other) (f) Method of valuation 0.N/A N/A 0,N/A 0,N/A 0,N/A 0.N/A (e) Amount of non-cash assistance (d) Amount of cash grant 55,165, 82,215 276,175 151,154 105,000 42,605 56,250 48,000 INC. CALIFORNIA FIRE SAFE COUNCIL, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 87-0764643 501(C)(3) 501(C)(3) 501(C)(3) 83-0395685 42-1563908 91-2160466 20-8670981 20-1501256 95-6093517 (b) EIN MENDOCINO COUNTY FIRE SAFE COUNCIL MARIPOSA COUNTY FIRE SAFE COUNCIL MORONGO VALLEY FIRE SAFE COUNCIL MID KLAMATH WATERSHED COUNCIL (a) Name and address of organization or government MISSION CANYON ASSOCIATION MONROVIA FIRE SAFE COUNCIL MEADOWS FIRE SAFE COUNCIL CA 92256 SANTA BARBARA, CA 93102 MODOC FIRE SAFE COUNCIL 969 W FOOTHILL BLVD 4554 RISINGHILL RD. MARIPOSA, CA 95338 MONROVIA, CA 91016 ALTEDENA CA 91001 ORLEANS, CA 95556 ALTURAS, CA 96101 UKIAH, CA 95482 MORONGO VALLEY 806 W 12TH ST. PO BOX 1182 PO BOX 1488 PO BOX 409 PO BOX 401 PO BOX 46 Part

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE I-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No 1545-0047 2009

Employer identification number

CALIFORNIA	FIRE	SAFE COUNCIL,	INC.				75-3078419
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orgar	izations in the Ur	iited States (Sche	dule I (Form 990), Pa	ת וו.)	,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
N COMMUNITIES FI							
COUNCIL - PO BOX 507 - IDYLLWILD,	91-2161820	501(C)(3)	650,000.	0	N/A	N/ N	PRE-FIRE PLANNING, HAZARDOUS FUELS
MT. LAGUNA FIRE SAFE COUNCIL							WILDFIRE PROTECTION PROJECTS INCLUDING
6402 ELMCREST DRIVE SAN DIEGO, CA 92119	20-3891980	501(C)(3)	27,534,	N, 0	N/A	N/A	PRE-FIRE PLANNING, HAZARDOUS FUELS
THE CONTRACT CONTRACT OF THE PARTY OF THE PA							WILDFIRE PROTECTION
30X 6					<u>:</u>		PRE-FIRE PLANNING,
MOUNTAIN CLUB CA 93222	20-3637576	501(C)(3)	136,900.	0	N/A	N/A	HAZARDOUS FUELS
NAPA COMMUNITIES FIREWISE							WILDFIRE PROTECTION PROJECTS INCLUDING
							PRE-FIRE PLANNING,
ST HELENA, CA 94574	26-0147748	501(C)(3)	156,630,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
NEVADA FIRE SAFE COUNCIL							PROJECTS INCLUDING
FO BOX 2/24 CARSON CITY, NV 89702	88-0443191	501(C)(3)	145 000.	0	A/N	\.	PRE-FIRE PLANNING, HAZARDOUS FUELS
							WILDFIRE PROTECTION
UN CALIFORNIA RE				•		_	PROJECTS INCLUDING
CENTER - PO BOX 342 - FORT JONES,				•		-	PRE-FIRE PLANNING,
CA 96032	94-3373377	501(C)(3)	695,995,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
							PROJECTS INCLUDING
EAST							PRE-FIRE PLANNING,
OJAI, CA 93023	52-2291493	501(C)(3)	24,976,	N. 0	1/A	N/A	HAZARDOUS FUELS
administry data voltavy divide							WILDFIRE PROTECTION
							FROJECIS INCLUDING
ASSOCIATION - FO BOA 130 - FINE VALLEY CA 91962	20-3042620	501(C)(3)	45 750	0	<b>4</b>	<b>«</b> /۷	FRE-FIRE FLANNING, HAZARDOUS FUELS
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice	, see the Instructions	for Form 990.				Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public

Open to Pu

Employer identification number 75-3078419

(h) Purpose of grant ILDFIRE PROTECTION VILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION VILDFIRE PROTECTION VILDFIRE PROTECTION ROJECTS INCLUDING PROJECTS INCLUDING PROJECTS INCLUDING or assistance ROJECTS INCLUDING PROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING ROJECTS INCLUDING RE-FIRE PLANNING, RE-FIRE PLANNING, RE-FIRE PLANNING, 'RE-FIRE PLANNING, RE-FIRE PLANNING, 'RE-FIRE PLANNING, 'RE-FIRE PLANNING, RE-FIRE PLANNING, AZARDOUS FUELS AZARDOUS FUELS AZARDOUS FUELS IAZARDOUS FUELS IAZARDOUS FUELS IAZARDOUS FUELS HAZARDOUS FUELS AZARDOUS FUELS (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II ) appraisal, other) (f) Method of valuation (book, FMV, o (e) Amount of non-cash assistance (d) Amount of cash grant 375 024. 000 001 21,000, 397,856 82,500 129, 275 120,000 43. INC. CALIFORNIA FIRE SAFE COUNCIL, (c) IRC section if applicable 77-0563035 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 77-0563035 68-0016418 68-0343595 (b) EIN SAFE COUNCIL - PO BOX 15501 - SAN SALMON RIVER RESTORATION COUNCIL SAN DIEGO RESOURCE CONSERVATION RAMONA MUNICIPAL WATER DISTRICT RCD OF GREATER SAN DIEGO COUNTY SAN LUIS OBISPO COMMUNITY FIRE DISTRICT - 11769 WATERHILL RD. (a) Name and address of organization or government SANTA BARBARA BOTANIC GARDEN SANTA BARBARA, CA 93105 1212 MISSION CANYON RD. REDWOOD CITY, CA 94063 LUIS OPISPO, CA 93405 CA 96027 11769 WATERHILL RD, LAKESIDE CA 92040 PLUMAS CORPORATION 105 EARLHAM STREET CA 92040 400 COUNTY CENTER RAMONA, CA 92065 SAN MATEO COUNTY QUINCY, CA 95971 SAWYERS BAR PO BOX 3880 PO BOX 1089 LAKESIDE Part

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Schedule 1-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No 1545-0047 2009

Employer identification number 75-3078419

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) CALIFORNIA FIRE SAFE COUNCIL, Name of the organization

OUNTY FIRE SAFE 4 HIGHLAND DRIVE - 56-2368255 5127 50URCE CONSERVATION BAY AVENUE, SUITE CA 95010 77-0411485 133-085238 AN CARLOS RD 77-0411485 133-085238 A, CA 92562 33-085238 A, CA 92562 33-085238 A, CA 92562	(c) IRC section if applicable Sol (c) (3)	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of	(g) Description of non-cash assistance	(h) Purpose of grant
CLARA COUNTY FIRE SAFE  IL - 16174 HIGHLAND DRIVE -  OSE, CA 95127  CRUZ RESOURCE CONSERVATION  ICT - 820 BAY AVENUE, SUITE  CAPITOLA, CA 95010  L. CA 93923  A MADRE FIRE SAFE COUNCIL  IERRA MEADOWS DR.  A MADRE, CA 91024  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL	501(C)(3)		assistance	valuation (book, FMV, appraisal, other)		
IL - 16174 HIGHLAND DRIVE -  OSE, CA 95127  CRUZ RESOURCE CONSERVATION  ICT - 820 BAY AVENUE, SUITE  CAPITOLA, CA 95010  L. CA9323  A MADRE FIRE SAFE COUNCIL  IERRA MEADOWS DR.  A MADRE, CA 91024  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL	501(C)(3)					WILDFIRE PROTECTION PROJECTS INCLIDING
OSE, CA 95127  CRUZ RESOURCE CONSERVATION  ICT - 820 BAY AVENUE, SUITE  CAPITOLA, CA 95010  L. CA 93923  A MADRE FIRE SAFE COUNCIL  IERRA MEADOWS DR.  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL	501(C)(3)					
CRUZ RESOURCE CONSERVATION  ICT - 820 BAY AVENUE, SUITE CAPITOLA, CA 95010  L. CA 93923  A MADRE FIRE SAFE COUNCIL  IERRA MEADOWS DR.  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL		308,963,	0	N/A	N/A	HAZARDOUS FUELS
CAPITOLA CA 95010  LUCIA CONSERVATION  LUCIA CONSERVATORY  RANCHO SAN CARLOS RD  T. CA 93923  TA-0411485  L. CA 93923  A MADRE FIRE SAFE COUNCIL  IERRA MEADOWS DR.  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  CITY CA 96145  DGE FIRE SAFE COUNCIL						WILDFIRE PROTECTION
CAPITOLA, CA 95010  LUCIA CONSERVATORY  RANCHO SAN CARLOS RD  L, CA 93923  A MADRE FIRE SAFE COUNCIL  IERRA MEADOWS DR.  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  DGE FIRE SAFE COUNCIL						PROJECTS INCLUDING
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L. CA 93923  A MADRE FIRE SAFE COUNCIL  IERRA MEDOWS DR.  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  X 5249  DGE FIRE SAFE COUNCIL  133-0852238  CITY, CA 96145						WILDFIRE PROTECTION
A MADRE FIRE SAFE COUNCIL  A MADRE, CA 91024  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  DGE FIRE SAFE COUNCIL						PROJECTS INCLUDING
T. CA 93923  A MADRE FIRE SAFE COUNCIL  IERRA MEADOWS DR.  A MADRE, CA 91024  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL			-			PRE-FIRE PLANNING,
A MADRE FIRE SAFE COUNCIL  LERRA MEADOWS DR.  A MADRE, CA 91024  WEST RIVERSIDE COUNTY FIRE COUNCIL - 38900 CLINTON KEITH - MURRIETA, CA 92562  CITY PUD X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL	501(C)(3)	40,000.	N 0	N/A	N/A	HAZARDOUS FUELS
A MADRE FIRE SAFE COUNCIL  IERRA MEADOWS DR.  A MADRE, CA 91024  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL						WILDFIRE PROTECTION
A MADRE, CA 91024  A MADRE, CA 91024  A MADRE, CA 91024  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL						PROJECTS INCLUDING
A MADRE, CA 91024  20-5458739  WEST RIVERSIDE COUNTY FIRE  COUNCIL - 38900 CLINTON KEITH  - MURRIETA, CA 92562  CITY PUD  X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL						PRE-FIRE PLANNING,
WEST RIVERSIDE COUNTY FIRE COUNCIL - 38900 CLINTON KEITH - MURRIETA, CA 92562 CITY PUD X 5249 CITY, CA 96145 DGE FIRE SAFE COUNCIL	501(C)(3)	22,514.	0 · 0	N/A	N/A	HAZARDOUS FUELS
WEST RIVERSIDE COUNTY FIRE  COUNCIL - 38900 CLINTON KEITH - MURRIETA, CA 92562 33-0852238  CITY PUD X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL						WILDFIRE PROTECTION
COUNCIL - 38900 CLINTON KEITH - MURRIETA, CA 92562 33-0852238  CITY PUD X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL						PROJECTS INCLUDING
- MURRIETA, CA 92562 33-0852238  CITY PUD  X 5249  CITY, CA 96145  DGE FIRE SAFE COUNCIL						PRE-FIRE PLANNING,
TAHOE CITY PUD PO BOX 5249 TAHOE CITY, CA 96145 TALMADGE FIRE SAFE COUNCIL	501(C)(3)	10,000.	Z. 0	N/A	N/A	HAZARDOUS FUELS
TAHOE CITY PUD PO BOX 5249 TAHOE CITY, CA 96145 TALMADGE FIRE SAFE COUNCIL						WILDFIRE PROTECTION
PO BOX 5249  TAHOE CITY, CA 96145  TALMADGE FIRE SAFE COUNCIL			-			PROJECTS INCLUDING
TAHOE CITY, CA 96145 TALMADGE FIRE SAFE COUNCIL						PRE-FIRE PLANNING,
TALMADGE FIRE SAFE COUNCIL		95,000.	2.0	N/A	N/A	HAZARDOUS FUELS
TALMADGE FIRE SAFE COUNCIL			-			WILDFIRE PROTECTION
						PROJECTS INCLUDING
						PRE-FIRE PLANNING,
SAN DIEGO, CA 92115 501	501(C)(3)	5,800,	0	N/A	N/A	HAZARDOUS FUELS
						WILDFIRE PROTECTION
THE HOLLISTER RANCH OWNERS			1			PROJECTS INCLUDING
- X						PRE-FIRE PLANNING,
- GAVIOTA, CA 93117		30,000.	0.N/A		N/A	HAZARDOUS FUELS

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Schedule I-1 (Form 990) 2009

Department of the Treasury Internal Revenue Service
Name of the organization SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection OMB No 1545-0047

Employer identification number 75-3078419

Name of the organization  CALIFORNIA	FIRE	SAFE COUNCIL,	INC.			Criptoy	Employer Identification number 75-3078419
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							WILDFIRE PROTECTION
THE SEA RANCH ASSOCIATION							PROJECTS INCLUDING
							PRE-FIRE PLANNING,
THE SEA RANCH, CA 95497	94-1670171	501(C)(3)	25,000.	0	N/A	N/A	HAZARDOUS FUELS
Segund GNOR SAKE MILLITTE						•	WILDFIRE PROTECTION
ASSOCIATION - 1019C TRILLIUM LANE							PRE-FIRE PLANNING
- MILL VALLEY, CA 94941	94-2488193		75,000,	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
TRINITY COUNTY RESOURCE							PROJECTS INCLUDING
CONSERVATION DISTRICT - PO BOX							PRE-FIRE PLANNING,
1450 - WEAVERVILLE, CA 96093			133,697.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
TULARE COUNTY RESOURCE							PROJECTS INCLUDING
CONSERVATION DISTRICT - 3530 WEST							PRE-FIRE PLANNING,
ORCHARD COURT - VISALIA, CA 93277			209,491.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
TWIN LAKES FIRE SAFE COUNCIL							PROJECTS INCLUDING
31211 BOCA RATON PL							PRE-FIRE PLANNING,
LAGUNA NIGUEL, CA 92677	30-0523070	501(C)(3)	96,399.	0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
WALDEN WOODS HOME OWNER'S							PROJECTS INCLUDING
ASSOCIATION - PO BOX 2746 -				_			PRE-FIRE PLANNING,
GRANITE BAY, CA 95746			37,132.	0.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
WARNER SPRINGS RESOURCE CENTER							PROJECTS INCLUDING
PO BOX 214							PRE-FIRE PLANNING,
WARNER SPRINGS, CA 92086	38-3692255	501(C)(3)	64,500.	0.0	N/A	N/A	HAZARDOUS FUELS
							WILDFIRE PROTECTION
WATERSHED RESEARCH & TRAINING						-	PROJECTS INCLUDING
PO BOX 356							PRE-FIRE PLANNING,
HAYFORK CA 96041	94-3116339	501(C)(3)	69,085.	N. 0	I/A	N/A	HAZARDOUS FUELS
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice	, see the Instructions	for Form 990.				Schedule I-1 (Form 990) 2009

Department of the Treasury internal Revenue Service SCHEDULE 1-1 Form 990)

► Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990) Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009 Open to Public Inspection

HAVE BEEN REFUNDED BACK REPRESENTS GRANTS THAT (h) Purpose of grant or assistance WILDFIRE PROTECTION O THE ORGANIZATION WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION WILDFIRE PROTECTION Employer identification number PROJECTS INCLUDING PROJECTS INCLUDING PROJECTS INCLUDING ROJECTS INCLUDING PROJECTS INCLUDING ROJECTS INCLUDING PRE-FIRE PLANNING, PRE-FIRE PLANNING, PRE-FIRE PLANNING, PRE-FIRE PLANNING, PRE-FIRE PLANNING, RE-FIRE PLANNING, AZARDOUS FUELS HAZARDOUS FUELS HAZARDOUS FUELS AZARDOUS FUELS HAZARDOUS FUELS MAZARDOUS FUELS NOTE: -\$240,500 75-3078419 (g) Description of non-cash assistance Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation Y/N A/N Ö Ö Ö (e) Amount of non-cash assistance 0 118,670, 42,580, (d) Amount of cash grant 424 783 342,750 13,000, <240,500, 25,747 INC. CALIFORNIA FIRE SAFE COUNCIL, (c) IRC section if applicable 74-3072908 501(C)(3) 68-0486052 501(C)(3) 77-0133430 91-2155866 (b) EIN PARALLEL ROAD - ANDERSON, CA 96007 DISTRICT - 129 WILLOW RD - BISHOP, COUNCIL - PO BOX 563 - GROVELAND, COUNCIL - PO BOX 4151 - NORTH WHEELER CREST FIRE PROTECTION YANKEE HILL FIRE SAFE COUNCIL POSEMITE FOOTHILLS FIRE SAFE CONSERVATION DISTRICT - 6270 CONSERVATION AND DEVELOPMENT (a) Name and address of organization or government YOSEMITE & SEQUOIA RESOURCE GRANTS REFUNDED BACK TO THE WESTERN SHASTA RESOURCE YANKEE HILL, CA 95965 806 SOUTH MAIN STREET Name of the organization COUNTY OF SISKIYOU YREKA, CA 96097 FORK CA 93643 ORGANIZATION PO BOX 4153 CA 93514 CA 95321

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule I-1 (Form 990) 2009

(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS

INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT

MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: FALLBROOK FIRE SAFE COUNCIL

41

MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.

HIGH SIERRA RESOURCE CONSERVATION & DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS

INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT

MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: HIGHWAY 108

932291 04-24-09

NAME OF ORGANIZATION OR GOVERNMENT: MID KLAMATH WATERSHED COUNCIL

INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT

MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SALMON RIVER RESTORATION COUNCIL (H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.

MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SANTA CLARA COUNTY FIRE SAFE COUNCIL (H) PURPOSE OF GRANT OR ASSISTANCE: WILDFIRE PROTECTION PROJECTS INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT MONITORING, AND FIRE-PROTECTION, MITIGATION, AND EDUCATION ACTIVITIES.

932291 04-24-09

NAME OF ORGANIZATION OR GOVERNMENT: TALMADGE FIRE SAFE COUNCIL

932291 04-24-09

INCLUDING PRE-FIRE PLANNING, HAZARDOUS FUELS REDUCTION, PROJECT

## **SCHEDULE O**

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public

Department of the Treasury ➤ Attach to Form 990. Inspection Internal Revenue Service Name of the organization **Employer identification number** CALIFORNIA FIRE SAFE COUNCIL, INC 75-3078419 PART VI, SECTION B, LINE 11: EXECUTIVE DIRECTOR REVIEWED FORM 990 PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: DISCUSSIONS ARE HELD AT BOARD MEETINGS AND INTERESTED PARTIES ARE ABSTAINED FROM DISCUSSION. FORM 990, PART VI, SECTION B, LINE 15: THE CEO MAKES THE SALARY RECOMMENDATION TO THE FINANCE COMMITTEE. THE FINANCE COMMITTEE THEN MAKES THE RECOMMENDATION TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEWS AND DECIDES ON THE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

## Form 8868 (Rev April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545 1709

<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this b</li> </ul>	oox	<b>▶</b> X
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part</li> </ul>	II (on page 2 of this fo	orm)
Do not complete Part II unless you have already been granted an automatic 3-month extension	on on a previously file	d Form 8868
Part I Automatic 3-Month Extension of Time. Only submit original (no cop	ues needed)	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - chec	ck this box and comp	lete
Part I only	·	▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form to file income tax returns	7004 to request an e	extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month noted below (6 months for a corporation required to file Form 990-T). However, you cannot file f (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details www.irs.gov/efile and click on e-file for Charities & Nonprofits	Form 8868 electronica r a composite or cons	ally if (1) you want the additional solidated Form 990 T Instead
Type or Name of Exempt Organization		Employer identification number
print CALTEORNIA FIRE CARE COINCIL INC		75 2070410
File by the due date for Number, street, and room or suite no. If a PO box, see instructions.	1	75-3078419
fling your   502 W. ROUTE 66. SUITE 17		
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instruction	ıs	
GLENDORA, CA 91740		
Check type of return to be filed(file a separate application for each return)		
X       Form 990       Form 990-T (corporation)         Form 990-BL       Form 990-T (sec. 401(a) or 408(a) trust)         Form 990-EZ       Form 990-T (trust other than above)         Form 990-PF       Form 1041-A	Form 472 Form 522 Form 606 Form 887	7 9
NORMAN MOLINE  • The books are in the care of ▶ 150 N. SANTA ANITA AVE., SUIT!  Telephone No. ▶ 626-445-5554  • If the organization does not have an office or place of business in the United States, check the lift this is for a Group Return, enter the organization's four digit Group Exemption Number (GE box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the name of the properties of the group is a properties of the properties of the group is a	his box	is for the whole group, check this
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) examples an automatic 3-month (6-months for a corporation required to file Form 990-T) examples a Linear Section 1.     ■ AUGUST 15, 2010		ove The extension
2 If this tax year is for less than 12 months, check reason Initial return	Final return [	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax	k, less any	
nonrefundable credits See instructions		3a \$
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.	uurod	3b \$
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if red deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment)		
See instructions		3c \$ N/A
	9453 50 4-4 5 0	
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form	8453-EU and Form 8	6/9 EU for payment instructions
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev. 4-2009)

923831

Form 8868	(Rev. 4-2009)			Page 2		
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox		<b>▶</b> [X]		
Note. On	ly complete Part II if you have already been granted an automatic 3-month extension on a previously filed	form	8868.			
<ul><li>If you a</li></ul>	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)					
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no o	opies i	needed)			
Type or	Name of Exempt Organization	Emp	loyer iden	tification number		
print	CALIFORNIA FIRE SAFE COUNCIL, INC.	7	75-3078419			
File by the extended due date for filing the	Number, street, and room or suite no. If a P.O. box, see instructions.  502 W. ROUTE 66, SUITE 17	For II	RS use on	ly 		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions GLENDORA, CA 91740					
X For	pe of return to be filed (File a separate application for each return): m 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A m 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 orm 6069	Form 8870		
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previou	ısly file	d Form 8	868.		
Teleph  If the c	NORMAN MOLINE  books are in the care of ▶ 150 N. SANTA ANITA AVE., SUITE 640, ARC  some No ▶ 626-445-5554  FAX No ▶  borganization does not have an office or place of business in the United States, check this box  as for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the			<b>&gt;</b>		
box ▶ [	If it is for part of the group, check this box \(\bigsim \square\) and attach a list with the names and EINs of all					
4 I re	37077777777 1F 0010					
5 For	5 For calendar year 2009, or other tax year beginning, and ending					
6 If th	nis tax year is for less than 12 months, check reason: Initial return Final return		Change in	accounting period		
	te in detail why you need the extension					
	L INFORMATION NECESSARY TO FILE A COMPLETE AND ACCUR	RATE	INFO	RMATION		
	TURN IS NOT YET AVAILABLE		·			
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	refundable credits. See instructions.	8a	\$			
	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
tax	payments made. Include any prior year overpayment allowed as a credit and any amount paid	-				
	eviously with Form 8868	8b	\$			
	ance Due. Subtract line 8b from line 8a 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	8c	\$	N/A		
Signature and Verification						
Under pen it is true, c	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the orrect, and complete, and that I am authorized to prepare this form.	e best o	-	-		
Signature_	Title ▶ CPA	Date	<b>\</b> '/	4/10		

Form **8868** (Rev. 4-2009)