

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)

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

Header section A-M containing organization details: San Luis Obispo County Community Fire Safe Council, Post Office Box 827, Nipomo, CA 93444. Includes fields for Employer Identification Number (77-0563035), Telephone number (805-543-2422), and Accounting method (Cash).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 137,030.

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

Main table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions (133,695), 2 Program service revenue, 3 Membership dues, 4 Interest on savings, 5 Dividends, 6a Gross rents, 7 Other investment income, 8a Gross amount from sales of assets, 9 Special events, 10a Gross sales of inventory, 11 Other revenue, 12 Total revenue (137,030), 13-17 Expenses, 18-21 Net assets (36,212).

Form 990 (2007) San Luis Obispo County Community Fire

77-0563035

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Table with 5 columns: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23, 24, 25a-25c, 26-29, 30-43, and 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A [ ] Yes [ ] No

**Short Form**  
**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)

OMB No. 1545-1150  
**2008**

Open to Public Inspection

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** \_\_\_\_\_, **2008, and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Please use IRS label or print or type. See Specific Instructions.  
 San Luis Obispo County Community Fire  
 Safe Council  
 Post Office Box 827  
 Nipomo, CA 93444

**D** Employer identification number  
77-0563035

**E** Telephone number  
805-543-2422

**F** Group Exemption Number \_\_\_\_\_ ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

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

**I** Website: ▶ www.cdfslo.org/FireSafe/FireSafe/htm

**J** Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **330,812.**

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

		1	330,812.
<b>1</b> Contributions, gifts, grants, and similar amounts received		2	
<b>2</b> Program service revenue including government fees and contracts		3	
<b>3</b> Membership dues and assessments		4	
<b>4</b> Investment income		5a	
<b>5a</b> Gross amount from sale of assets other than inventory		5b	
<b>b</b> Less: cost or other basis and sales expenses		5c	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		6	
<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		6a	
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)		6b	
<b>b</b> Less: direct expenses other than fundraising expenses		6c	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		7a	
<b>7a</b> Gross sales of inventory, less returns and allowances		7b	
<b>b</b> Less: cost of goods sold		7c	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		8	
<b>8</b> Other revenue (describe ▶ _____)		9	330,812.
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		10	
<b>10</b> Grants and similar amounts paid (attach schedule)		11	
<b>11</b> Benefits paid to or for members		12	
<b>12</b> Salaries, other compensation, and employee benefits		13	150.
<b>13</b> Professional fees and other payments to independent contractors		14	
<b>14</b> Occupancy, rent, utilities, and maintenance		15	15,448.
<b>15</b> Printing, publications, postage, and shipping		16	126,895.
<b>16</b> Other expenses (describe ▶ <u>See Statement 1</u> )		17	142,493.
<b>17 Total expenses</b> (add lines 10 through 16)		18	188,319.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)		19	36,211.
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		20	
<b>20</b> Other changes in net assets or fund balances (attach explanation)		21	224,530.
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20			

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	36,211.	224,530.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ _____)		
<b>25 Total assets</b>	36,211.	224,530.
<b>26 Total liabilities</b> (describe ▶ _____)	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	36,211.	224,530.

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Part II Statement of Program Service Accomplishments (See the instructions.) N/A

What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

Table with 2 columns: Line number (28-32) and Expenses (28a-32). Rows 28-30 are for grants, 31 is for other program services, and 32 is for total program service expenses.

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

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account and other allowances. Lists James R Patterson, Daniel Dulitz, Robert E. Neumann, Elizabeth Merson, and Dan Turner.