

California Exempt Organization  
Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy) 06/30/2020

Corporation/Organization name <b>FIRE SAFE COUNCIL OF NEVADA COUNTY</b>		California corporation number <b>2130512</b>
Additional information. See instructions.		FEIN <b>94-3317612</b>
Street address (suite or room) <b>P.O. BOX 1112</b>		PMB no.
City <b>GRASS VALLEY</b>	State <b>CA</b>	ZIP code <b>95945-1112</b>
Foreign country name	Foreign province/state/country	Foreign postal code

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is a public charity exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,002	00
	2 Gross dues and assessments from members and affiliates	2	15,748	00
	3 Gross contributions, gifts, grants, and similar amounts received <span style="float: right;">STMT 1</span>	3	3,360,465	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	3,379,215	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	3,379,215	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	3,349,314	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	29,901	00
<b>Filing Fee</b>	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15		10
	16 Penalties and Interest. See General Information J	16		00
	17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		10

<b>Sign Here</b>	Signature of officer	Title <b>CHAIRMAN</b>	Date	<input type="checkbox"/> Telephone <b>(530) 272-1122</b> <input checked="" type="checkbox"/> PTIN
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	<b>P00599056</b>
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address	<b>RICHARDSON &amp; COMPANY LLP 550 HOWE AVENUE, SUITE 210 SACRAMENTO, CA 95825</b>		<input checked="" type="checkbox"/> Firm's FEIN <b>46-5577902</b> <input type="checkbox"/> Telephone <b>(916) 564-8727</b>
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

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<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	2	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) <b>STATEMENT 2</b>	•	6	3,000	00	
	7	Other income	•	7		00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	3,002	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 3</b>	•	11	102,513	00	
	12	Other salaries and wages	•	12	566,159	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	68,147	00
		15	Rents	•	15	41,386	00
		16	Depreciation and depletion (See instructions)	•	16	68,170	00
		17	Other Expenses and Disbursements <b>SEE STATEMENT 4</b>	•	17	2,502,939	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	3,349,314	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		62,255		381,627
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	160,351		610,388	
b Less accumulated depreciation	( 128,664 )	31,687	( 196,834 )	413,554
11 Land				
12 Other assets <b>STMT 5</b>		241,798		356,128
13 <b>Total assets</b>		335,740		1,151,309
<b>Liabilities and net worth</b>				
14 Accounts payable		159,232		218,345
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities <b>STMT 6</b>		78,618		816,215
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		97,890		116,749
22 <b>Total liabilities and net worth</b>		335,740		1,151,309

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	29,901
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5		29,901
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		29,901

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CA 199 CASH CONTRIBUTIONS STATEMENT 1  
 INCLUDED ON PART I, LINE 3

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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
PACIFIC GAS AND ELECTRIC	P.O. BOX 770000 SAN FRANCISCO, CA 94177-1490		134,668.
COUNTY OF NEVADA, OFFICES OF EMERGENCY SERVICES	1014 N. BLOOMFIELD RD. NEVADA CITY, CA 95959		2,209,740.
TOTAL INCLUDED ON LINE 3			<u>2,344,408.</u>

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	2	
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED			
	PURCHASED			COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	0.	0.	0.	0.		3,000.
TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.	0.		3,000.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES		STATEMENT	3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK		COMPENSATION	
DONN THANE P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	CHAIRMAN 4.00		0.	
RICHARD NOLLE P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	VICE CHAIRMAN 4.00		0.	
WARREN KNOX P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	SECRETARY 4.00		0.	
DAVID WALKER P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	TREASURER 4.00		0.	
ALAN DOERR P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00		0.	
JANETH MARROLETT P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00		0.	
ERIC TRYGG P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00		0.	

DON WAGNER P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00	0.
PETE WILLIAMS P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00	0.
STEVE EUBANKS P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00	0.
SUE HOEK P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00	0.
WANDA MERTENS P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00	0.
HANK WESTON P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00	0.
JAMIE JONES PURKEY P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	EXECUTIVE DIRECTOR 45.00	102,513.
TOTAL TO FORM 199, PART II, LINE 11		<u>102,513.</u>

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CA 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
FUEL REDUCTION CONTRACT	192,059.
PROGRAM EXPENSES	43,494.
MISCELLANEOUS	15,484.
LICENSE AND PERMITS	2,336.
OTHER EMPLOYEE BENEFITS	110,093.
ACCOUNTING FEES	17,505.
OTHER PROFESSIONAL FEES	1,927,380.
ADVERTISING AND PROMOTION	6,978.
OFFICE EXPENSES	129,322.
TRAVEL	45,462.
CONFERENCES AND CONVENTIONS	5,677.
INSURANCE	7,149.
TOTAL TO FORM 199, PART II, LINE 17	<u>2,502,939.</u>

CA 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		235,453.	332,266.
PREPAID EXPENSES AND DEFERRED CHARGES		5,474.	23,862.
DEPOSITS		871.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		241,798.	356,128.

CA 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
FIREWISE FISCAL SPONSORSHIP		1,655.	1,405.
LINE OF CREDIT		30,000.	0.
LOAN PAYABLE		0.	138,842.
DEFERRED REVENUE		46,963.	675,968.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		78,618.	816,215.

CA 199	FUND BALANCES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS		97,890.	116,749.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		97,890.	116,749.

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:  
**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.  
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.  
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

939035 11-12-19

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2019** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 FIRE 94-3317612 000000000000 19 FORM 3  
TYB 07-01-2019 TYE 06-30-2020  
FIRE SAFE COUNCIL OF NEVADA COUNTY

PO BOX 1112  
GRASS VALLEY CA 95945-1112

(530) 272-1122

Amount of Payment 10.

TAXABLE YEAR  
**2019**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>FIRE SAFE COUNCIL OF NEVADA COUNTY</b>	<b>94-3317612</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>3,379,215</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>3,379,215</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>3,349,314</b>

**Part II Settle Your Account Electronically for Taxable Year 2019**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**           \_\_\_\_\_           \_\_\_\_\_           **CHAIRMAN**

Signature of officer      Date      Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00599056</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address			Firm's FEIN <b>46-5577902</b>
	<b>RICHARDSON &amp; COMPANY LLP</b> <b>550 HOWE AVENUE, SUITE 210</b> <b>SACRAMENTO, CA</b>			ZIP code <b>95825</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address		Firm's FEIN
			ZIP code