

2020

California Exempt Organization
Annual Information Return

199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021

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

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F 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>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H 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>I 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>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N 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>O 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.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	715	00	
	2	Gross dues and assessments from members and affiliates	2	32,530	00	
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,059,886	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	1,093,131	00	
	5	Cost of goods sold	5		00	
	6	Cost or other basis, and sales expenses of assets sold	6		00	
	7	Total costs. Add line 5 and line 6	7		00	
	8	Total gross income. Subtract line 7 from line 4	8	1,093,131	00	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,604,788	00	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-511,657	00	
Filing Fee	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	Penalties and Interest. See General Information J	15		00	
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer	Title CHAIRMAN	Date	<input checked="" type="checkbox"/> Telephone (530) 272-1122 <input type="checkbox"/> PTIN		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	<input checked="" type="checkbox"/> Firm's FEIN P00599056 <input type="checkbox"/> Telephone (916) 564-8727		
	Firm's name (or yours, if self-employed) and address	RICHARDSON & COMPANY LLP 550 HOWE AVENUE, SUITE 210 SACRAMENTO, CA 95825			<input checked="" type="checkbox"/> Firm's FEIN 46-5577902 <input type="checkbox"/> Telephone (916) 564-8727	
	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.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	71	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) STATEMENT 2	•	6	644	00
	7	Other income	•	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	715	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 SEE STATEMENT 3	•	11	163,215	00
	12	Other salaries and wages	•	12	735,872	00
	13	Interest	•	13		00
	14	Taxes	•	14	22,955	00
	15	Rents	•	15	36,420	00
	16	Depreciation and depletion (See instructions)	•	16	94,040	00
	17	Other expenses and disbursements SEE STATEMENT 4	•	17	552,286	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	1,604,788	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		381,627		• 363,413
2 Net accounts receivable				• 1,310
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	610,388		518,192	
b Less accumulated depreciation	(196,834	413,554	(211,590)	306,602
11 Land				•
12 Other assets STMT 5		356,128		• 346,694
13 Total assets		1,151,309		1,018,019
Liabilities and net worth				
14 Accounts payable		218,345		• 251,740
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 6		816,215		506,000
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		116,749		• 260,279
22 Total liabilities and net worth		1,151,309		1,018,019

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	• -511,657	7	Income recorded on books this year not included in this return	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	-511,657
6	Total. Add line 1 through line 5	-511,657			

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

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
USDA, FOREST SERVICE REGION 5	1323 CLUB DRIVE VALLEJO, CA 94592		40,920.
PACIFIC GAS AND ELECTRIC	P.O. BOX 770000 SAN FRANCISCO, CA 94177-1490		80,000.
COUNTY OF NEVADA, OFFICES OF EMERGENCY SERVICES	1014 N. BLOOMFIELD RD. NEVADA CITY, CA 95959		812,939.
NATIONAL FISH AND WILDLIFE FOUNDATION	1133 15TH STREET, N.W., SUITE 1000 WASHINGTON, DC 20005		267,399.
SIERRA NEVADA CONSERVANCY	11521 BLOCKER DRIVE, SUITE 205 AUBURN, CA 95603		315,941.
TOTAL INCLUDED ON LINE 3			<u>1,517,199.</u>

CA 199		GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	2
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		PURCHASED	GROSS SALES PRICE
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE			
	0.	0.	0.			644.
TOTAL TO FORM 199, PAGE 2, LN 6	0.	0.	0.			644.

CA 199		COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES		STATEMENT	3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION			
JAMIE JONES PURKEY P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	EXECUTIVE DIRECTOR 50.00	163,215.			
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.			
ERIC TRYGG 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.
HANK WESTON P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00	0.
TERRY MCMAHAN P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	DIRECTOR 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

163,215.

CA 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
PROGRAM EXPENSES	33,648.
MISCELLANEOUS	33,031.
LICENSE AND PERMITS	110.
OTHER EMPLOYEE BENEFITS	107,382.
ACCOUNTING FEES	8,019.
OTHER PROFESSIONAL FEES	213,194.
ADVERTISING AND PROMOTION	7,842.
OFFICE EXPENSES	101,198.
TRAVEL	38,738.
CONFERENCES AND CONVENTIONS	3,860.
INSURANCE	5,264.
TOTAL TO FORM 199, PART II, LINE 17	<u>552,286.</u>

CA 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		332,266.	310,729.
PREPAID EXPENSES AND DEFERRED CHARGES		23,862.	35,965.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		356,128.	346,694.

CA 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
FIREWISE FISCAL SPONSORSHIP		1,405.	17,855.
LOAN PAYABLE		138,842.	376,861.
DEFERRED REVENUE		675,968.	111,284.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		816,215.	506,000.

TAXABLE YEAR
2020

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
FIRE SAFE COUNCIL OF NEVADA COUNTY	94-3317612

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	1,093,131
2 Total gross income (Form 199, line 8)	2	1,093,131
3 Total expenses and disbursements (Form 199, line 9)	3	1,604,788

Part II Settle Your Account Electronically for Taxable Year 2020

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

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 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 2020 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 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			
	Signature of officer	Date	CHAIRMAN

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, 2020 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.

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

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.

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