

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated D: Tu ded DtgRlca nd I pe ng I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	C Name of organization FIRE SAFE COUNCIL OF NEVADA COUNTY		D Employer identification number 94-3317612
	Doing business as		E Telephone number (530) 272-1122
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1112		G Gross receipts \$ 1,093,131.
	City or town, state or province, country, and ZIP or foreign postal code GRASS VALLEY, CA 95945-1112		H(a) Is this a group return for subordinates? D Yes O No
	F Name and address of principal officer: DONN THANE SAME AS C ABOVE		H(b) Are all subordinates included? D Yes D No If "No," attach a list. See instructions
J Website: WWW.AREYOUFIRESAFE.COM			H(c) Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1991** **M** State of legal domicile: **CA**

Part 11 Summary

1 Briefly describe the organization's mission or most significant activities: TO CREATE FIREWISE COMMUNITIES, PUBLIC EDUCATION & PROGRAMS TO ENHANCE EMERGENCY PREPAREDNESS FOR			
2 Check this box <input checked="" type="checkbox"/> D if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	3 11		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 11		
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 40		
6 Total number of volunteers (estimate if necessary)	6 250		
7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0		
a:	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,376,213.	Current Year 1,092,416.
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,002.	715.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,379,215.	1,093,131.
b:	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	855,912.	1,029,424.
	16a Professional fundraising fees (Part IX, column (A), line 11 e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,502,402.	575,364.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,358,314.	1,604,788.	
19 Revenue less expenses. Subtract line 18 from line 12	20,901.	-511,657.	
c:	20 Total assets (Part X, line 16)	Beginning of Current Year 1,151,309.	End of Year 1,018,019.
	21 Total liabilities (Part X, line 26)	1,034,560.	757,740.
	22 Net assets or fund balances. Subtract line 21 from line 20	116,749.	260,279.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DONN THANE, CHAIRMAN	Date		
	Type of print name and title			
Paid Preparer Use Only	Print/Type preparer's name PAMELA WHITE, CPA	Preparer's signature	Date	Check <input checked="" type="checkbox"/> DI PTIN self-employed E 00599056
	Firm's name RICHARDSON & COMPANY LLP	Firm's EIN 46-5577902	Phone no. (916) 564- 8727	
	Firm's address 550 HOWE AVENUE, SUITE 210 SACRAMENTO, CA 95825			

May the IRS discuss this return with the preparer shown above? See instructions **00** Yes **D** No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF FIRE SAFE COUNCIL OF NEVADA COUNTY IS TO CREATE FIREWISE COMMUNITIES, PUBLIC EDUCATION AND PROGRAMS TO ENHANCE EMERGENCY PREPAREDNESS FOR CATASTROPHIC WILDFIRE; TO NETWORK WITH OTHER FIRE SAFE COUNCILS, FIREWISE COMMUNITIES, GOVERNMENT AGENCIES AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Dves [X]No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Dves 00No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses\$ 23,971 including grants of\$) (Revenue\$) FIREWISE COUMMUNITIES/USA: IS A NATIONAL PROGRAM DEVELOPED BY THE NATIONAL FIRE PROTECTION ASSOCIATION IN PARTNERSHIP WITH FEDERAL LAND MANAGEMENT AGENCIES.

4b (Code:) (Expenses\$ 1,105,781 including grants of\$) (Revenue\$) FUEL BREAK AND BIOMASS PROJECTS: THE COUNCIL MANAGES STRATEGIC COMMUNITY FUEL BREAKS CREATED PURSUANT TO ITS COMMUNITY WILDIRE PROECTION PLAN.

4c (Code:) (Expenses\$ 4,792 including grants of\$) (Revenue\$) COMMUNITY CHIPPING: THE COUNCIL PROVIDES CHIPPING SERVICES TO NEVADA COUNTY LAND OWNERS WHO HAVE ACCUMULATED BRUSH PILES WHILE WORKING TO CLEAR DEFENSIBLE SPACE AND EVACUATION ROUTES.

4d Other program services (Describe on Schedule O.) (Expenses\$ including grants of\$) (Revenue\$

4e Total program service expenses 1,134,544.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part 11.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III .</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII ..</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III .</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part VI Statements Regarding Other FS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

D

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, b, and c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

Part VII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 9a, 9b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

[X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 9, 9a, 9b.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

JAMIE JONES - (530) 272-1122
P.O. BOX 1112, GRASS VALLEY, CA 95945-1112

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

Check if Schedule O contains a response or note to any line in this Part VII

D

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.

- 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, if any. 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.
- See instructions for the order in which to list the persons above.

D Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key Employee	Highest Compensated Employee	Former Director or Trustee			
(1) JAMIE JONES PURKEY EXECUTIVE DIRECTOR	50.00			X			163,215.	0.	9,750.	
(2) DONN THANE CHAIRMAN	4.00	X	X				0.	0.	0.	
(3) RICHARD NOLLE VICE CHAIRMAN	4.00	X	X				0.	0.	0.	
(4) WARREN KNOX SECRETARY	4.00	X	X				0.	0.	0.	
(5) DAVID WALKER TREASURER	4.00	X	X				0.	0.	0.	
(6) ALAN DOERR DIRECTOR	2.00	X					0.	0.	0.	
(7) ERIC TRYGG DIRECTOR	2.00	X					0.	0.	0.	
(8) PETE WILLIAMS DIRECTOR	2.00	X					0.	0.	0.	
(9) STEVE EUBANKS DIRECTOR	2.00	X					0.	0.	0.	
(10) SUE HOEK DIRECTOR	2.00	X					0.	0.	0.	
(11) HANK WESTON DIRECTOR	2.00	X					0.	0.	0.	
(12) TERRY MCMAHAN DIRECTOR	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes a subtotal row and a total row.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: W Name and business address, Description of services, (C) Compensation. Row 1: CSF CONSTRUCTION, CONSTRUCTION, 101,863.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

D

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include 1a-f (Federated campaigns, Membership dues, Fundraising events, etc.), 2a-g (Business Code, All other program service revenue), 3-5 (Investment income, Income from investment of tax-exempt bond proceeds, Royalties), 6a-c (Gross rents, Less: rental expenses, Rental income or (loss)), 7a-c (Gross amount from sales of assets other than inventory, Less: cost or other basis and sales expenses, Gain or (loss)), 8a-b (Gross income from fundraising events, Less: direct expenses), 9a-b (Gross income from gaming activities, Less: direct expenses), 10a-c (Gross sales of inventory, Less: cost of goods sold, Net income or (loss) from sales of inventory), 11a-e (All other revenue, Total), 12 Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX [X]

<i>Do not include amounts reported on lines 6b, 1b, Bb, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	163,215.	138,733.	24,482.	
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	735,872.	625,491.	110,381.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	107,382.	91,275.	16,107.	
10 Payroll taxes	22,955.	19,512.	3,443.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,019.		8,019.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	213,194.	168,631.	44,563.	
12 Advertising and promotion	7,842.		7,842.	
13 Office expenses	101,198.	12,488.	88,710.	
14 Information technology				
15 Royalties				
16 Occupancy	36,420.		36,420.	
17 Travel	38,738.	1,220.	37,518.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,860.		3,860.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	94,040.	55,024.	39,016.	
23 Insurance	5,264.		5,264.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	33,648.	21,345.	12,303.	
b MISCELLANEOUS	33,031.	825.	32,206.	
c LICENSE AND PERMITS	110.		110.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,604,788.	1,134,544.	470,244.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	381,627.	2	363,413.
3	Pledges and grants receivable, net	332,266.	3	310,729.
4	Accounts receivable, net		4	1,310.
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	23,862.	9	35,965.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 518,192.		
b	Less: accumulated depreciation	10b 211,590.	10c	306,602.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,151,309.	16	1,018,019.
17	Accounts payable and accrued expenses	218,345.	17	251,740.
18	Grants payable		18	
19	Deferred revenue	675,968.	19	111,284.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	140,247.	25	394,716.
26	Total liabilities. Add lines 17 through 25	1,034,560.	26	757,740.
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions	116,749.	27	260,279.
28	Net assets with donor restrictions that do not follow FASB ASC 958: <input type="checkbox"/> Organizations <input type="checkbox"/>		28	
and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	116,749.	32	260,279.
33	Total liabilities and net assets/fund balances	1,151,309.	33	1,018,019.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

D

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,093,131.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,604,788.
3	Revenue less expenses. Subtract line 2 from line 1	3	-511,657.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,749.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	655,187.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8))	10	260,279.

Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

D

		Yes	No
1	Accounting method used to prepare the Form 990: D Cash [X] Accrual D 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: D Separate basis D Consolidated basis D Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: D Separate basis D Consolidated basis D Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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 Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)