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Sign Here Signature of officer Signature of officer Telephone (530) 272-1122 Preparer's signature PAMELA WHITE, CPA Date ● PTIN Preparer's signature PAMELA WHITE, CPA ● Date ● PTIN Preparer's signature PAMELA WHITE, CPA ● PO0599056 Preparer's signature ● Firm's name (or yours, if self- employed) ● RICHARDSON & COMPANY LLP ● Firm's FEIN 46-5577902 Use Only Bit ● Telephone (916) 564-8727 ● Telephone (916) 564-8727		Under pena	affice due. Add fifte 12 and fifte 15. If a state of perjury, I declare that I have examine the state of perpure the performance of perpendence of perpenden	en subtract line in including acc	companying so	chedule	es and statements	s, and to the	best o		owledge and be	elief,	
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Preparer's signature PAMELA WHITE, CPA Check if self-employed P00599056 Paid Preparer's Use Only Firm's name (or yours, if self- employed) and address ICHARDSON & COMPANY LLP 46-5577902 S50 HOWE AVENUE, SUITE 210 and address • Telephone (916) 564-8727	nere	Signature of officer				MAN	ı				(530)		1122
Paid Firm's name ● Firm's relN Preparer's (or yours, if self- employed) and address ▲ ICHARDSON & COMPANY LLP 46-5577902 Use Only 550 HOWE AVENUE, SUITE 210 ● Telephone (916) 564-8727		Duranaurala			D	ate		Check if					
Preparer's Use OnlyFirm's name (or yours, in self- employed) and addressRICHARDSON & COMPANY LLP46-5577902SACRAMENTO, CA 95825• Telephone (916) 564-8727		signature	▶ PAMELA WHITE, C	PA				self-employ	/ed				
Use Only diverse 550 HOWE AVENUE, SUITE 210 and address SACRAMENTO, CA 95825 (916) 564-8727				ת דד עוגמא)
SACRAMENTO, CA 95825 (916) 564-8727	•	if self-			0								<u>.</u>
	USE UIIY			-	v						· ·		-8727
		May the F	-		instructions				• X	Yes			

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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.

	-							
	1 Gro	oss sales or receipts from all l	ousiness activities. See instru	ctions	•	1		00
	2 Inte	erest			•	2		00
	3 Div	vidends			•	3		00
Receipts	4 Gro	oss rents			•	4		00
from	5 Gro	oss royalties			•	5		00
Other	6 Gro	oss amount received from sal	e of assets (See instructions)		•	6		00
Sources			•	7		00		
		•		rough line 7. Enter here and o		8		00
	9 Co	ntributions, gifts, grants, and	similar amounts paid		•	9		00
	10 Dis	sbursements to or for membe	10		00			
		mpensation of officers, direct	11	0	00			
						12		00
Expenses						13		00
and						14		00
Disburse-	15 Re	nts			•	15		00
ments						16		00
	17 Oth	her expenses and disburseme	nts		•	17		00
				7. Enter here and on Side 1, Pa		18		00
Schedu	ule L	Balance Sheet		taxable year		l of taxable	-	
Assets			(a)	(b)	(C)	_	(d)	
1 Cash				363,413		•		
		ceivable		1,310		•		
		able				•		
						•		
		e government obligations				•		
		ther bonds				•		
		tock				•		
•	age loans					•		
	investmen		E10 100			•		
10 a Dep	preclable as	ssets	518,192 (211,590)		1)		
		ated depreciation	(211,590)	306,602	()		
11 Land						•		
12 Other a	assets	STMT 2		346,694 1,018,019		•		0
				1,018,019				
Liabilities				251 740				
14 ACCOU	ints payabl			251,740		•		
		ifts, or grants payable				•		
		s payable				•		
17 Mortga	ages payar	ble CUMU 3		506,000		•		
18 Uther	labelies	STMT 3		500,000				
		principal fund				-		
		urplus. Attach reconciliation		260,279		-	260.2	70
	21 Retained earnings or income fund 22 Total liabilities and net worth			1,018,019		•	260,2 260,2	70
-			nar haaka with income nor r				200,2	19
Schedu			per books with income per r dule if the amount on Schedu	eturn le L, line 13, column (d), is less	s than \$50,000.			
1 Net inc	come per h	pooks		7 Income recorded				
	al income t				s return. Attach schedu	le 🗕		
		l losses over capital gains		8 Deductions in this				
		rded on books this year.		against book inco	-			

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Attach schedule

deducted in this return. Attach schedule

5 Expenses recorded on books this year not

6 Total. Add line 1 through line 5

3652214

Attach schedule

9 Total. Add line 7 and line 8 10 Net income per return.

Subtract line 9 from line 6

•

		TITLE AND	
NAME AND ADDRESS		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.
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.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT

1

JAMIE JONES PURKEY P.O. BOX 1112 GRASS VALLEY, CA 95945-1112	EXECUTIVE 50	DIRECTO	DR		0.
TOTAL TO FORM 199, PART II, LINE 11				<u> </u>	0.
CA 199 OTH	ER ASSETS			STATEMENT	2
DESCRIPTION		BEG. (OF YEAR	END OF YE	AR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES			310,729. 35,965.		0. 0.
TOTAL TO FORM 199, SCHEDULE L, LINE 1	2		346,694.		0.
CA 199 OTHER	LIABILITIE	S		STATEMENT	3
DESCRIPTION		BEG. (OF YEAR	END OF YE	AR
FIREWISE FISCAL SPONSORSHIP LOAN PAYABLE DEFERRED REVENUE TOTAL TO FORM 199, SCHEDULE L, LINE 1	8	1	17,855. 376,861. 111,284.		0. 0. 0.
CA 199 FUN	D BALANCES			STATEMENT	4
DESCRIPTION		BEG. (OF YEAR	END OF YE	AR
NET ASSETS WITHOUT DONOR RESTRICTIONS			260,279.	260,2	79.
TOTAL TO FORM 199, SCHEDULE L, LINE 2	1	2	260,279.	260,2	79.

94-3317612

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TAXABLE Y 2021		fornia e-file Re mpt Organizat		ization f	or				FORM 8453-EO
Exempt Organiz	ation name							dentifyi	ng number
		IL OF NEVADA					0	94-	3317612
Part I El	ectronic Return Ir	formation (whole dollars	J ,						
0	ross receipts (Form								
•	ross income (Form	. ,							
3 Total e	xpenses and disbu	rsements (Form 199, line s	9)					. 3	
Part II Se	ettle Your Accoun	t Electronically for Taxat	ble Year 2021						
4 🗌 El	ectronic funds with	idrawal 4a Amount		4b Wi	thdrawal c	date (mn	n/dd/yy	уу)	
		n (Have you verified the e>	empt organization's b	anking informat	ion?)				
5 Routing					г				7
6 Account				7 Type of a	ccount: L	Che	ecking		Savings
	eclaration of Offic								
I authorize the on line 4a.	e exempt organization	's account to be settled as de	signated in Part II. If I ch	eck Part II, box 4,	I authorize	an electro	onic func	ls with	ndrawal for the amount listed
transmitter, o California elec a balance due organization v statements be	r intermédiate service ctronic return. To the l e return, I understand will remain liable for th e transmitted to the FT	e that I am an officer of the ab provider and the amounts in best of my knowledge and be that if the Franchise Tax Boar he fee liability and all applicab IB by the ERO, transmitter, or sclose to the ERO or interme	Part I above agree with t lief, the exempt organizat d (FTB) does not receive le interest and penalties. intermediate service pro	ne amounts on the ion's return is true full and timely pay authorize the exe vider. If the proce	e correspon e, correct, a ment of the mpt organia ssing of the	iding lines nd compl e exempt zation ret	s of the e ete. If th organiza urn and	exemp e exer ation's accon	It organization's 2021 npt organization is filing fee liability, the exempt npanying schedules and
Sign	Signature of officer		Date		N				
Here	Signature of once		Dale	The					
Part V D	eclaration of Flect	tronic Return Originator	(FRO) and Paid Prep	arer.					
I declare that am only an im accurately ref provided the of 1345, 2021 H the exempt or I declare that	I have reviewed the al termediate service pro- lects the data on the r organization officer wi landbook for Authoriz rganization return is fi I have examined the a	bove exempt organization's re ovider, I understand that I am eturn.) I have obtained the or ith a copy of all forms and infr ed e-file Providers. I will keep	eturn and that the entries not responsible for revie ganization officer's signa ormation that I will file wi form FTB 8453-EO on fil vill make a copy available eturn and accompanying	on form FTB 8453 wing the exempt of ture on form FTB th the FTB, and I h e for four years fr to the FTB upon r schedules and st ve knowledge.	organization 8453-E0 be ave followe om the due equest. If I atements, a	d's return. fore trans d all othe date of th am also t	l declar smitting r require ne return he paid j best of i	e, hov this re ment or fo orepa	vever, that form FTB 8453-EO eturn to the FTB; I have s described in FTB Pub. ur years from the date er, under penalties of perjury owledge and belief, they are
ERC				Date	Check if also paid		Check if self-	_	ERO'S PTIN
	hature			_	preparer	X	employed]₽00599056
if se	n's name (or yours elf-employed)	RICHARDSON &						Firm's	FEIN 46-5577902
Sign and	address	550 HOWE AVE SACRAMENTO,	•	210				ZIP co	de 95825
		e that I have examined the abo nd complete. I make this decla					ements,	and t	o the best of my knowledge
Paid Preparer	Paid preparer's signature			Date		Check if self- employe	d		aid preparer's PTIN
Must	Firm's name (or yours if self-employed)							Firm's	FEIN
Sign	and address							ZIP co	de
							l		
									FTB 8453-EO 2021

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