# Form **99**

Return of Organization Exempt From Income Tax

Do not enter social security numbers on this form as it may be made public.

0MB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning and ending B Check if C Name of organization D Employer identification number applicable: Address FIRE SAFE COUNCIL OF NEVADA COUNTY 94-3317612 Doing business as Na me Initial Number and street (or P.0. box if mail is not delivered to street address) E Telephone number Final P.O. BOX 1112 (530) 272-1122 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ ated 95945-1112 GRASS VALLEY, CA D::.'l'u ded H(a) Is this a group return DtgRlica-1 F Name and address of principal officer:DONN per large SAME S C ABOVE Tax-exempt status: [X] 501(c)(3) D 501(c) ( HANE for subordinates? DYes 00No insert no.) D 4947(a)(1) or D 527 **H(b)** Are all subordinates incl ?DYes D If "No," attach a list. See instructions J Website: WWW. AREYOUF IRE SAFE. COM H(c) Group exemption number L Year of formation:  $19\ 9\ 91\ M$  State of legal domicile: CAK Form of organization: Corporation D Trust D Association D Other Part 11 Summary CREATE FIREWISE COMMUNITIES, EMERGENCY PREPAREDNESS FOR Briefly describe the organization's mission or most significant activities: TO PUBLIC EDUCATION & PROGRAMS TO ENHANCE g D if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 40 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 ...... 7a  ${f b}$  Net unrelated business taxable income from Form 990-T, Part I, line 11 () • 7b Prior Year **Current Year** 3,376,2<u>13</u>. 1,092,416. Contributions and grants (Part VIII, line 1h) 0 • 0 Program service revenue (Part VIII, line 2g) 715. 3,002. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0 () • Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,379,215. 1,093,131 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. $\cap \bullet$ () • 0. Benefits paid to or for members (Part IX, column (A), line 4) 855**,**912. 1,029,<u>424</u>. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). C) ≥ C;C) 16a Professional fundraising fees (Part IX, column (A), line 1 1 e)
 b Total fundraising expenses (Part IX, column (D), line 25) 0. 2**,**502**,**402. 575**,**364. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,604,<sup>788</sup>. 3,358,314. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . 20,901 -511,657. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 1,151,309 018,019 2 Ootal assets (Part X, line 16) ...... LI"ICC 1,034,560 757**,**740 Total liabilities (Part X, line 26) -g 116**,**749. N et assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Date Sign PONNITHANE CHAIRMAN Here Check DI PTIN Print/Type preparer's name Preparer's signature Date PAMELA WHITE, Paid **CPA** ployed IE'00599056 Preparer Firm's name RICHARDSON & COMPANY Firm'sEIN 46-5577902 Use Only Firm's address 550 HOWE AVENUE,

SACRAMENTO, CA 95825

May the IRS discuss this return with the preparer shown above? See instructions

Phone no. (916) 564-8727

Yes

Ра	t III I Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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
	EMERGECY 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
	If "Yes," describe these new services on Schedule 0.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Dves oono
	If "Yes," describe these changes on Schedule 0.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
 4а	(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. UNDER THIS PROGRAM THE COUNCIL PROVIDES COMMUNITY
	WILDFIRE HAZARD ASSESSMENTS, TRAINING OF DEFENSIBLE SPACE ADVISORS,
	CHILDREN'S EDUCATION, CLEARING OF DEFENSEIBLE SPACE FOR LOW INCOME SENIORS AND THE DISABLED, SCOTCH BROOM REMOVAL AND COMMUNITY OUTREACH
	EDUCATION.
4b	(Code:) (Expenses\$ 1,105,781 • including grants of\$) (Revenue\$  FUEL BREAK AND BIOMASS PROJECTS: THE COUNCIL MANAGES STRATEGIC
	FUEL BREAK AND BIOMASS PROJECTS: THE COUNCIL MANAGES STRATEGIC  COMMUNITY FUEL BREAKS CREATED PURSUANT TO ITS COMMUNITY WILDIRE
	PROECTION PLAN. BEGINNING THIS YEAR, THE COUNCIL ALSO SERVES AS THE
	FISCAL SPONSOR FOR THE NEVADA COUNTY BIOMASS TASK FORCE AND
	CAMPTONVILLE COMMUNITY PARTNERSHIP FOR A WOOD INNOVATIONS GRANT TO
	CONDUCT PERMITTING AND THE SYSTEM IMPACT STUDIES FOR TWO COMMUNITY
	SCALE BIOMASS UTILITZATION FACILITIES.
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 0.)
	(Expenses\$ including grants of \$ ) (Revenue\$
4e	Total program service expenses 1, 134, 544.
	Form <b>990</b> (2020)

032002 12-23-20

#### Part IV | Checklist of Required Schedules

			162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule</i> C, <i>Part II</i>	4		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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Λ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part 11	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III .	8		Х
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? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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? If "Yes," complete Schedule D,			
	Part VI	11a	Χ	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments • program related in Part X, line 13, that is 5% or more of its total	11c		X
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Λ
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
	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)? If "Yes," complete Schedule D, Part X	111		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u></u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			X
202	complete Schedule G, Part III .  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X
	Someone government on that it, sommitty, mile 1: ii 100, complete concedit i, i alto I and ii		000	

### Part IV | Checklist of Required Schedules (continued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
242	ScheduleJ	23	Х						
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		X					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c							
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		v					
26	Schedule L, Part I	25b		Х					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		Х					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part Ill	27		X					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV								
	instructions, for applicable filing thresholds, conditions, and exceptions):								
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV	28a		X					
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X					
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?lf			=7					
20	"Yes," complete Schedule L, Part IV	28c		X					
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> .  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		X					
30	contributions? If "Yes," complete Schedule M.	30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part 1</i>	31		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	31							
	Schedule N, Part II	32		Х					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34		Χ					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	26		v					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X					
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11band 19?	31		21					
, Pai	rtNY4 Allstate Meriter Regarding Otherpirts Filmlys and Tax Compliance	38	Х						
	Check if Schedule O contains a response or note to any line in this Part V			D					
			Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		V						
	(gambling) winnings to prize winners?	1c	Χ						

Form990(2020) FIRE SAFE COUNCIL OF NEVADA COUNTY

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return . $40$								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required toe-file (see instructions)								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	b If "Yes," enter the name of the foreign country								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	5c		<u> </u>					
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ou		<u> </u>					
b	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.0							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8									
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b							
a	Initiation food and applied contributions included an Part VIII line 12								
b	Oraca provide formation of the Company of the Compa								
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  1 10b  Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
a	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule 0.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand	14-		X					
1	<ul> <li>4a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O</li> </ul>	14a 14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		$\vdash$					
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.	.5							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule 0.								
		Form	990	(2020)					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fora "No" response to line Ba, Bb, or 10b below, describe the circumstances, processes, or changes on Schedule 0. 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

			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1	1					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	L					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person? .	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?						
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Χ			
S	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a	The governing body?	Sa	X				
b	Each committee with authority to act on behalf of the governing body?	Sb		X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						

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

organization's mailing address? If "Yes," provide the names and addresses on Schedule 0

			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	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. Indicate how you made these available. Check all that apply.
  - D Own website [X] Another's website [X] Upon request D Other (explain on Schedule 0)
- 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

<u>JAMIE JONES - (530) 272-1122</u> P.O. BOX 1112, GRASS VALLEY,

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.

( <b>A</b> )	(B)	<b>(C)</b> Position					(D)	(E)	(F)	
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other				
	(list any hours for related organizations below line)	I :2:	I	5	;;. I	sE sE	E	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMIE JONES PURKEY	50.00									
EXECUTIVE DIRECTOR				Х				163,215.	0.	9 <b>,</b> 750.
(2) DONN THANE	4.00									
CHAIRMAN		Х		X				0 •	0.	0 •
(3) RICHARD NOLLE	4.00									
VICE CHAIRMAN		X		X				0 •	0.	0 •
(4) WARREN KNOX	4.00			v				0 -	0	0 -
SECRETARY (F)	4 00	Х		X				0 •	0.	0 •
(5) DAVID WALKER TREASURER	4.00	Х		х				0 •	0.	0•
(6) ALAN DOERR	2.00	^		^				0.	0.	0.0
DIRECTOR	2.00	Х						0 •	0.	0 •
(7) ERIC TRYGG	2.00							Ŭ	· ·	
DIRECTOR	2:00	Х						0 •	0.	0 •
(8) PETE WILLIAMS	2.00							-		
DIRECTOR		Х						0 •	0.	0 •
(9) STEVE EUBANKS	2.00									
DIRECTOR		Х						0 •	0.	0 •
(10) SUE HOEK	2.00									
DIRECTOR		Х						0 •	0.	0 •
(11) HANK WESTON	2.00	١.,								
DIRECTOR		X						0 •	0.	0 •
(12) TERRY MCMAHAN	2.00							0 -	0	0 -
DIRECTOR		Х						0 •	0.	0 •
-										
		1								

032007 12-23-20 Form **990** (2020)

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omp	ensat	ion fro	om							
			C)							
		Compe	nsatio	n						
		10	1,8	63.						

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do	not (	Pos check	ition	ነ e than	one	Reportable	Reportable	E:	stimate	∍d
		hours per	box	k, unle	ess pe	erson	is bot	h an	compensation	compensation	ar	mount	
		week		cer a	iu a c	necu	oi/tius	stee}	from	from related		other	
		(list any hours for	fl ''' <sub>5</sub> '						the	organizations		npensa	
		related	0				,,=,		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the ganizat	
		organizations	,,,	14			Е		(**-2/1099-141130)		_	ıd relat	
		below	""	Ш		.s, 1						anizati	
		line)	-5	I	i5	1	¥	§			3		
-													
												-	
-													
1b To	tal from continuation sheets to Part VII	, Section A							163,215.	0.		9,7	50.
									0 •	0.			0 •
	tal (add lines 1b and 1c)								163,215.	0.		9,7	50.
	tal number of individuals (including but no	ot limited to the	ose	liste	d ab	ove)	) wh	o red	ceived more than \$100,	000 of reportable			-1
CO	mpensation from the organization											Yes	1
1 Di	d the argonization list any farmer officer	director tructor					0 "	ai ab	ant companyated ample			res	No
	d the organization list any <b>former</b> officer, or a ta? If "Yes," complete Schedule J for a			y er	npio	yee	, UI I	iigrie	est compensated emplo	yee on	3		Х
4 Fo	r any individual listed on line 1a, is the su	m of reportable	e coi	mpe	nsat	ion	and	othe	r compensation from th	e organization			
an	d related organizations greater than \$150	0,000? If "Yes	," C	omp	lete	Sch	edule	e J f	for such individual		4	Х	
	d any person listed on line 1a receive or a	•				•			· ·	dual for services			.,
	ndered to the organization? If "Yes," con	nplete Schedul	e J t	or s	uch <sub>i</sub>	pers	on				5		X
Section	B. Independent Contractors												

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

W Name and business address	Description of services	(C) Compensation
CSF CONSTRUCTION PO BOX 364, NORTH SAN JUAN, CA 95960	CONSTRUCTION	101,863.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization 1	ed above) who received more than	2 000 (2222)

## Form 990 (2020) FIRE SA Part VIII | Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			D
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512- 514
E (1)<(	1 a	Federated campaigns 1a					
cu r	b	Membership dues	32,530.				
<u>(i)</u> <(	c	Fundraising events					
<i>ua</i>	d	Related organizations 1d					
<u>g</u> en	e	Government grants (contributions) 1e 5	00,088.				
Q) :I .C	f	All other contributions, gifts, grants, and					
_		similar amounts not included above 1f 5	59,798.				
<b>30</b>	ç	Noncash contributions included in lines 1a-1f 1g \$					
)()c <sup>C</sup> ui	ŀ	Total. Add lines 1a-1f .		1,092,416.			
		В	Business Code				
G) Q)	2 a	·					
- O	ŀ	·					
(ĴĴĊ:	(						
-a a) 5.CC	Ċ						
0; E = 5,CC 5,CC 0:: 0:	e						
Q.	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,	and	E 1			
		other similar amounts)	anda -	71.	71.		
	4	Income from investment of tax-exempt bond proc	eeus				
	5	Royalties .					
			(ii) Personal				
	6 a						
	k	· ·					
		Rental income or (loss) 6c					
		Net rental income or (loss)	40.5.				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	644.				
O)	b	Less: cost or other basis	0				
O) -: C:		and sales expenses 7b	0 •				
!		Gain or (loss) 7c	644.		644		
cc		Net gain or (loss)			644.		
.c	a a	Gross income from fundraising events (not					
0		including\$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses					
		Net income or (loss) from fundraising events					
	9 8	Gross income from gaming activities. See					
	_	Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances					
		Less: cost of goods sold					
	,	Net income or (loss) from sales of inventory .	Business Code				
() :I	11 a	_	usiness code				
∞::00;=;\g 0;::00; 0;::00; 0;::00; 0;::00;	11 a						
(1) (a) (a) (a) (a) (a)	(						
cc		All other revenue					
		Total.Add lines 11a-11d					
	12	Total revenue. See instructions		1,093,131.	715.	0.	0 •
				•			

#### 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 respons				(X)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(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 <b>,</b> 491.	110,381.	
S	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	105 335	0.1 0.7		
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			0.010	
С	Accounting	8,019.		8,019.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	010 104	1.60.601	44 560	
	column (A) amount, list line 11g expenses on Sch 0.)	213,194.	168 <b>,</b> 631.	44,563.	
12	Advertising and promotion	7,842.	10 100	7,842.	
13	Office expenses	101,198.	12,488.	88,710.	
14	Information technology				
15	Royalties	2.6.4.0.0		26 400	
16	Occupancy	36 <b>,</b> 420.	1 000	36,420.	
17	Travel	38 <b>,</b> 738.	1,220.	37,518.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 060		2 0 6 0	
19	Conferences, conventions, and meetings	3,860.		3,860.	
20	Interest				
21	Payments to affiliates	04 040	EE 00/	20 016	
22	Depreciation, depletion, and amortization	94,040.	55 <b>,</b> 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 0.)	22 (40	21 245	10 202	
a	PROGRAM EXPENSES MISCELLANEOUS	33,648.	21,345.	12,303.	
b		33,031.	825.	32,206.	
C	LICENSE AND PERMITS	110.		110.	
d	All other overess				
е 25	All other expenses	1 604 700	1 124 544	470 044	0
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	1,604,788.	1,134,544.	470,244.	0
20	IDING COSTS (COMPLETE THIS LINE ONLY IT THE ORGANIZATION				
26			I	l	
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

### Form 990 (2020) Part X | Balance

	Check if Schedule O contains a response or note to any line in this Part X		1.1	U.
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	381 <b>,</b> 627.	2	363 <b>,</b> 413.
3	Pledges and grants receivable, net	332 <b>,</b> 266.	3	310,729. 1,310.
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 <b>,</b> 862.	9	35 <b>,</b> 965
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 518,192.  211,590.			
b	Less: accumulated depreciation 10b 211,590.	413 <b>,</b> 554•	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 <b>,</b> 740
18	Grants payable		18	
19	Deferred revenue	675 <b>,</b> 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	1 4 0 0 4 7		004 746
	of Schedule D	140,247.	25	394,716
26	Total liabilities. Add lines 17 through 25	1,034,560.	26	757 <b>,</b> 740
	Organizations that follow FASB ASC 958, check here [X]			
	and complete lines 27, 28, 32, and 33.			
27	that do not follow EASP ASC, 958:h. k.h.	116,749.	27	260,279
28	Net assets without donor restrictions that do not follow FASB ASC.958: h k-h Net assets with donor restrictions Organizations		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
	Total liabilities and net assets/fund balances	1,151,309.	33	1,018,019

	\			`	
<u>Pa</u>	rt 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 -511,657.		
3	Revenue less expenses. Subtract line 2 from line 1	te less expenses. Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		6,7	49.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	iod adjustments		655,187	
9	Other changes in net assets or fund balances (explain on Schedule 0)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	cզկրըը (8))	10	260,279		
Pa	ւգիրը (8)) rt All 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 $$ [X] Accrual $$ $$ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	on a			
	separate basis, consolidated basis, or both:				
	$\overline{D}$ Separate basis $\overline{D}$ Consolidated basis $\overline{D}$ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate l	oasis,			
	consolidated basis, or both:	,			
	D Separate basis D Consolidated basis D Both consolidated and separate basis				
С		e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule 0			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
ou	Act and OMB Circular A-133?	, / taait	3a		X
	Aut and time Official A-100:		Ja		

 $\textbf{b} \hspace{0.2cm} \textbf{If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit}$ 

or audits, explain why on Schedule O and describe any steps taken to undergo such audits  $\ \dots$ 

Form **990** (2020)

3b