

TAXABLE YEAR
2019

California Exempt Organization Annual Information Return

928941 12-04-19
FORM
199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL**

California corporation number: **2287764**

FEIN: **91-2161820**

Street address (suite or room): **PO BOX 507**

City: **IDYLLWILD**

State: **CA** ZIP code: **92549-0507**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption? Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

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	156,133	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received 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	3	516,142	00
	4	Cost of goods sold	4	672,275	00
	5	Cost or other basis, and sales expenses of assets sold	5		00
	6	Total costs. Add line 5 and line 6	6		00
	7	Total gross income. Subtract line 7 from line 4	7		00
	8	Total gross income. Subtract line 7 from line 4	8	672,275	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	567,207	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	105,068	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	Filing fee \$10 or \$25. See General Information F	15	10	00
	16	Penalties and interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

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 Here
 Signature of officer: **TAXPAYER'S COPY DIRECTOR** Title: **DIRECTOR** Date: _____ Telephone: **951-659-6208**

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed: PTIN: **P00165007**
 Firm's name (or yours, if self-employed) and address: **ROGERS, ANDERSON, MALODY & SCOTT, LLP** Firm's FEIN: **95-2662063**
735 E. CARNEGIE DRIVE, SUITE 100 Telephone: **(909) 889-0871**
SAN BERNARDINO, CA 92408

May the FTB discuss this return with the preparer shown above? See instructions Yes 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.

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	5	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)	•	6	150	00
	7	Other income	•	7	155,978	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	156,133	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	•	11	0	00
	12	Other salaries and wages	•	12	68,418	00
	13	Interest	•	13		00
	14	Taxes	•	14	6,628	00
	15	Rents	•	15	2,400	00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other Expenses and Disbursements	•	17	489,761	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	567,207	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		193,425		321,290
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	54,512		48,184	
b Less accumulated depreciation	(53,551)	961	(47,292)	892
11 Land				
12 Other assets		22,951		49,718
13 Total assets		217,337		371,900
Liabilities and net worth				
14 Accounts payable		20,579		23,025
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities		4,000		51,118
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		192,758		297,757
22 Total liabilities and net worth		217,337		371,900

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	•	105,068	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	•	105,068
6 Total. Add line 1 through line 5	•	105,068			

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

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CAL FIRE FUELS REDUCTION	1416 9TH STREET SACRAMENTO, CA 95814	06/30/19	383,837.
PREPARED MOUNTAIN COMMUNITIES (CALIFORNIA FIRE SAFE)	5834 PRICE AVENUE MCCLELLAN, CA 95652	06/30/19	99,675.
TOTAL INCLUDED ON LINE 3			483,512.

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
CHAINSAWS/ACCESSORIES	12/31/03	12/31/19	PURCHASED	6,328.	6,328.	0.	150.
TOTAL TO FORM 199, PAGE 2, LN 6	6,328.	6,328.	0.	150.			

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
REIMBURSED EXPENSES	1,892.
ABATEMENT COST-SHARING	154,086.
TOTAL TO FORM 199, PART II, LINE 7	155,978.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
NORM WALKER PO BOX 507 IDYLLWILD, CA 92549-0507	PRESIDENT 2.00	0.
WOODY HENDERSON PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 2.00	0.
MARVIN SPREYNE PO BOX 507 IDYLLWILD, CA 92549-0507	SECRETARY 2.00	0.
JERRY HOLLDBER PO BOX 507 IDYLLWILD, CA 92549-0507	TREASURER 2.00	0.
CHRIS KRAMER PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
DORIS LOMBARD PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
RON PERRY PO BOX 507 IDYLLWILD, CA 92549-0507	VICE PRESIDENT 2.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT 5
DESCRIPTION		AMOUNT
FUEL REDUCTION PROGRAM		436,909.
ABATEMENT MATERIAL COST		12,950.
EDUCATIONAL SUPPLIES		6,355.
ENVIRONMENTAL SURVEYS		5,610.
ACCOUNTING FEES		15,269.
OFFICE EXPENSES		994.
TRAVEL		2,683.
INSURANCE		4,787.
ALL OTHER EXPENSES		4,204.
TOTAL TO FORM 199, PART II, LINE 17		489,761.

CA 199	OTHER ASSETS	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	22,900.	49,675.
PREPAID EXPENSES AND DEFERRED CHARGES	51.	43.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	22,951.	49,718.

CA 199	OTHER LIABILITIES	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	4,000.	51,118.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	4,000.	51,118.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not staple**, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

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

WHEN TO FILE:

Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

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

ONLINE SERVICES:

Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

939035 11-12-19

TAXPAYER'S COPY

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

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

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

CALIFORNIA FORM 3586 (e-file)

0000000 MOUN 91-2161820 000000000000 19 FORM 3
TYB 01-01-2019 TYE 12-31-2019
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

PO BOX 507
IDYLLWILD CA 92549-0507

(951) 659-6208

Amount of Payment 10.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2019

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name	Identifying number
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL	91-2161820

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	672,275
2 Total gross income (Form 199, line 8)	2	672,275
3 Total expenses and disbursements (Form 199, line 9)	3	567,207

Part II Settle Your Account Electronically for Taxable Year 2019

4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
 6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

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

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

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

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

ERO Must Sign	ERO's signature ROGERS, ANDERSON, MALODY &	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address ROGERS, ANDERSON, MALODY & SCOTT, LLP 735 E. CARNEGIE DRIVE, SUITE 100 SAN BERNARDINO, CA				Firm's FEIN 952662063 ZIP code 92408

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 Must Sign	Paid preparer's signature TAXPAYER'S COPY	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P00165007
	Firm's name (or yours if self-employed) and address ROGERS, ANDERSON, MALODY & SCOTT, LLP 735 E. CARNEGIE DRIVE, SUITE 100 SAN BERNARDINO, CA			Firm's FEIN 95-2662063 ZIP code 92408

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916)210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

(For Registry Use Only)

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$600, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23708; Government Code section 12586.1. IRS extensions will be honored.

<p>MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p>PO BOX 507 Address (Number and Street)</p> <p>IDYLLWILD, CA 92549-0507 City or Town, State, and ZIP Code</p> <p>951-659-6208 Telephone Number</p> <p>_____ E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number CT120856</p> <hr/> <p>Corporation or Organization No. 2287764</p> <hr/> <p>Federal Employer ID No. 91-2161820</p>
--	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2019 ending 12/31/2019) list:

Gross Annual Revenue \$ <u>672,275</u>	Noncash Contributions \$ <u>12,950</u>	Total Assets \$ <u>371,900</u>
Program Expenses \$ <u>503,949</u>	Total Expenses \$ <u>567,276</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

TAXPAYER'S COPY

<p>Signature of Authorized Agent JERRY HOLLDBER</p>	<p>Title DIRECTOR</p>
<p>Printed Name</p>	<p>Date</p>