

TAXABLE YEAR
2020

California Exempt Organization Annual Information Return

028941 12-22-20
FORM
199

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

California corporation number
2287764

Additional information. See instructions.

FEIN
91-2161820

Street address (suite or room)
PO BOX 507

PMB no.

City
IDYLLWILD

State
CA

ZIP code
92549-0507

Foreign country name Foreign province/state/country 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 Dissolved Surrendered (Withdrawn) Merged/Reorganized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 Is the organization a limited liability company? Yes No

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

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

O 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	148,547	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	381,158	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	529,705	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	529,705	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	521,078	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	8,627	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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.

Sign Here

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

Preparer's signature _____ Date _____ Check if self-employed PTIN **P00165007**

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address **ROGERS ANDERSON MALODY & SCOTT, LLP** Firm's FEIN **95-2662063**
735 E. CARNEGIE DR. Telephone **909-889-0871**
SAN BERNARDINO, CA 92408

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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	06/30/20	193,263.
PREPARED MOUNTAIN COMMUNITIES (CALIFORNIA FIRE SAFE)	5834 PRICE AVENUE MCCLELLAN, CA 95652	06/30/20	100,325.
PREPARED MOUNTAIN COMMUNITIES (CALIFORNIA FIRE SAFE)- 20 SFA	5834 PRICE AVENUE MCCLELLAN, CA 95652	06/30/20	28,250.
IE COMMUNITY FUND RIVERSIDE COUNTY	3700 SIXTH STREET, SUITE 200 RIVERSIDE, CA 92501	06/30/20	7,950.
SMALL BUSINESS ADMINISTRATION	409 3RD ST, SW WASHINGTON , DC 20416	06/30/20	13,772.
TOTAL INCLUDED ON LINE 3			<u>343,560.</u>

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
REIMBURSED EXPENSES	0.
MISCELLANEOUS	144.
ABATEMENT COST-SHARING SERVICES	111,608.
	36,787.
TOTAL TO FORM 199, PART II, LINE 7	<u>148,539.</u>

 CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
NORM WALKER PO BOX 507 IDYLLWILD, CA 92549-0507	PRESIDENT 2.00	0.
PETER HENDERSON PO BOX 507 IDYLLWILD, CA 92549-0507	TREASURER 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	DIRECTOR 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.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199

OTHER EXPENSES

STATEMENT 4

DESCRIPTIONAMOUNT

FUEL REDUCTION PROGRAM	347,456.
ABATEMENT MATERIAL COST	15,125.
ENVIRONMENTAL SURVEYS	11,875.
EDUCATIONAL SUPPLIES	10,869.
ACCOUNTING FEES	13,333.
OFFICE EXPENSES	1,668.
TRAVEL	2,226.
INSURANCE	4,341.
ALL OTHER EXPENSES	9,883.
TOTAL TO FORM 199, PART II, LINE 17	416,776.

CA 199

OTHER ASSETS

STATEMENT 5

DESCRIPTIONBEG. OF YEAREND OF YEAR

PLEDGES AND GRANTS RECEIVABLE	49,675.	28,280.
PREPAID EXPENSES AND DEFERRED CHARGES	43.	54.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	49,718.	28,334.

CA 199

OTHER LIABILITIES

STATEMENT 6

DESCRIPTIONBEG. OF YEAREND OF YEAR

DEFERRED REVENUE	51,118.	50.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	51,118.	50.

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2020

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	529,705
2 Total gross income (Form 199, line 8)	2	529,705
3 Total expenses and disbursements (Form 199, line 9)	3	521,078

Part II Settle Your Account Electronically for Taxable Year 2020

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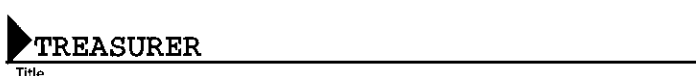
Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	6 Account number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here  **TAXPAYER'S COPY**  **TREASURER**

Signature of officer _____ Date _____ 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, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
ROGERS, ANDERSON, MALODY &				
Firm's name (or yours if self-employed) and address	Firm's FEIN			ZIP code
735 E. CARNEGIE DRIVE, SUITE 100 SAN BERNARDINO, CA	952662063			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's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
ROGERS ANDERSON MALODY & SCOTT, LLP			P00165007
Firm's name (or yours if self-employed) and address	Firm's FEIN		ZIP code
735 E. CARNEGIE DR. SAN BERNARDINO, CA	95-2662063		92408

STATE OF CALIFORNIA
 RRF-1
 (Rev. 09/2017)
 MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 908447
 Sacramento, CA 94203-4470
 STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916)210-6400
 WEBSITE ADDRESS:
 www.oag.ca.gov/charities

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

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 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 \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<p><u>MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>PO BOX 507</u> Address (Number and Street)</p> <p><u>IDYLLWILD, CA 92549-0507</u> City or Town, State, and ZIP Code</p> <p><u>951-659-6208</u> Telephone Number</p> <p style="text-align: right;">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 <u>CT120856</u></p> <hr/> <p>Corporation or Organization No. <u>2287764</u></p> <hr/> <p>Federal Employer ID No. <u>91-2161820</u></p>
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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 01/01/2020 ending 12/31/2020) list:

Gross Annual Revenue \$ <u>529,705</u>	Noncash Contributions \$ <u>15,125</u>	Total Assets \$ <u>320,176</u>
Program Expenses \$ <u>439,458</u>	Total Expenses \$ <u>521,078</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.

<p>TAXPAYER'S COPY</p> <p><u>PETER HENDERSON</u> Signature of Authorized Agent</p>	<p>TREASURER</p> <p>Printed Name</p>	<p>_____</p> <p>Title</p>
		Date