

California Exempt Organization Annual Information Return

Calendar Year 2021 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 Dissolved Surrendered (Withdrawn) Merged/Reorganized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? If "Yes," enter the gross receipts from nonmember sources \$ _____ Yes No

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	130,413	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	305,855	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	436,268	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	436,268	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	470,641	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-34,373	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: _____ Title: **TREASURER** 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**
735 E. CARNEGIE DR. STE. 100
SAN BERNARDINO, CA 92408 Firm's FEIN: **95-2662063**
 Telephone: **909-889-0871**

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.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		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		00	
	7	Other income	•	7	130,413	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	130,413	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	113,116	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	9,983	00
		15	Rents	•	15	2,400	00
		16	Depreciation and depletion (See instructions)	•	16	600	00
		17	Other expenses and disbursements	•	17	344,542	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	470,641	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		289,241		174,049
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	51,184		63,184	
b Less accumulated depreciation	(48,583)	2,601	(49,183)	14,001
11 Land				
12 Other assets STMT 5		28,334		143,963
13 Total assets		320,176		332,013
Liabilities and net worth				
14 Accounts payable		13,742		31,583
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 6		50		28,419
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		306,384		272,011
22 Total liabilities and net worth		320,176		332,013

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	•	-34,373
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	Total. Add line 1 through line 5	•	-34,373
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	Total. Add line 7 and line 8	•	
10	Net income per return. Subtract line 9 from line 6	•	-34,373

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
CAL FIRE DEAD & DYING TREE REMOVAL	1416 9TH STREET SACRAMENTO, CA 95814	12/31/21	29,780.
PREPARED MOUNTAIN COMMUNITIES (CALIFORNIA FIRE SAFE)- 20 SFA	5834 PRICE AVENUE MCCLELLAN, CA 95652	12/31/21	171,750.
IE COMMUNITY FUND RIVERSIDE COUNTY	3700 SIXTH STREET, SUITE 200 RIVERSIDE, CA 92501	12/31/21	10,957.
SMALL BUSINESS ADMINISTRATION	409 3RD ST, SW WASHINGTON, DC 20416	12/31/21	13,772.
CALIFORNIA FIRE SAFE COUNCIL	3237 PEACEKEEPER WAY, SUITE 201 MCCLELLAN, CA 95652	12/31/21	51,828.
TOTAL INCLUDED ON LINE 3			<u>278,087.</u>

CA 199

OTHER INCOME

STATEMENT 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ABATEMENT COST-SHARING SERVICES	80,159. 50,254.
TOTAL TO FORM 199, PART II, LINE 7	<u>130,413.</u>

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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	SECRETARY 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	VICE PRESIDENT 1.00	0.
DORIS LOMBARD PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
HOLLY OWENS PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
COURTNEY LOCKE PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<hr/> 0. <hr/> <hr/>

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CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
FUEL REDUCTION PROGRAM		276,938.
EDUCATIONAL SUPPLIES		17,878.
VOLUNTEER		12,777.
ENVIRONMENTAL SURVEYS		6,840.
ACCOUNTING FEES		13,627.
OFFICE EXPENSES		1,744.
TRAVEL		3,819.
INSURANCE		5,744.
ALL OTHER EXPENSES		5,175.
TOTAL TO FORM 199, PART II, LINE 17		344,542.

CA 199	OTHER ASSETS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	28,280.	143,846.
PREPAID EXPENSES AND DEFERRED CHARGES	54.	117.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	28,334.	143,963.

CA 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	50.	28,419.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	50.	28,419.

TAXABLE YEAR
2021

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	436,268
2 Total gross income (Form 199, line 8)	2	436,268
3 Total expenses and disbursements (Form 199, line 9)	3	470,641

Part II Settle Your Account Electronically for Taxable Year 2021

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 _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

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 2021 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



TREASURER

 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, 2021 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 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
Must Sign Firm's name (or yours if self-employed) and address	ROGERS, ANDERSON, MALODY & SCOTT, LLP	Firm's FEIN 952662063		ZIP code 92408	
	735 E. CARNEGIE DRIVE, SUITE 100				
	SAN BERNARDINO, CA				

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

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**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.

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

MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

Name of Organization

List all DBAs and names the organization uses or has used

PO BOX 507

Address (Number and Street)

IDYLLWILD, CA 92549-0507

City or Town, State, and ZIP Code

951-659-6208

Telephone Number

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number **CT120856**

Corporation or Organization No. **2287764**

Federal Employer ID No. **91-2161820**

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

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) \$ 436,268 Noncash Contributions \$ 11,750 Total Assets \$ 332,013
Program Expenses \$ 379,477 Total Expenses \$ 470,641

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.

JERRY HOLLDBER

TREASURER

Signature of Authorized Agent

Printed Name

Title

Date