



CliftonLarsonAllen LLP
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CALIFORNIA FIRE SAFE COUNCIL INC
FORM 990 INCOME TAX RETURN
FOR YEAR ENDED DECEMBER 31, 2023

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CLIENT'S COPY



November 13, 2024

California Fire Safe Council Inc
3237 Peacekeeper Way
McClellan, CA 95652

California Fire Safe Council Inc:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2024 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before November 15, 2024 to:

Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

Enclose a check or money order for \$400, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial

accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.

- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

CALIFORNIA FIRE SAFE COUNCIL INC

EIN or SSN

75-3078419

Name and title of officer or person subject to tax **JOEL RUSCO**
CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

| | | | |
|------------------------------------|-------------------------------------|---|------------------------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>10,016,941.</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 55902
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Joel Rusco Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68601455902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature DYLAN VALENTINE Date 11/13/24

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

| | | | |
|--|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CALIFORNIA FIRE SAFE COUNCIL INC | | D Employer identification number 75-3078419 |
| | Doing business as | | E Telephone number 916-648-3600 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 3237 PEACEKEEPER WAY | | G Gross receipts \$ 10,016,941. |
| | City or town, state or province, country, and ZIP or foreign postal code MCCLELLAN, CA 95652 | | |
| F Name and address of principal officer: JACY HYDE SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number | |

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CAFIRESAFECOUNCIL.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1993** **M** State of legal domicile: **CA**

| Part I Summary | | Prior Year | Current Year |
|---|---|--|---|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO LEAD CALIFORNIA COMMUNITIES IN WILDFIRE RISK EDUCATION AND RESILIENCY. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 | 24 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 11 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 8,234,898. | 10,014,133. |
| | 9 Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 883. | 2,241. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | 567. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 8,235,781. | 10,016,941. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,769,086. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 2,033,774. | 2,238,780. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) | | 0. | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 932,466. | 926,665. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 7,735,326. | 9,892,628. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 500,455. | 124,313. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 3,717,541. | End of Year 3,215,216. |
| | 21 Total liabilities (Part X, line 26) | 1,703,005. | 1,842,671. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,014,536. | 1,372,545. |

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: *Joel Rusco* Date: _____

Sign Here Signature of officer: **JOEL RUSCO, CFO** Date: _____
Type or print name and title

| | | | | | |
|--------------------------|---|--|--------------------------|---|--------------------------|
| Paid | Print/Type preparer's name DYLAN VALENTINE | Preparer's signature DYLAN VALENTINE | Date 11/13/24 | Check if self-employed <input type="checkbox"/> | PTIN P01934033 |
| Preparer Use Only | Firm's name CLIFTONLARSONALLEN LLP | Firm's EIN 41-0746749 | Phone no. (916) 784-7800 | | |
| | Firm's address 915 HIGHLAND POINTE DR., SUITE 300 ROSEVILLE, CA 95678 | | | | |

Part III 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: TO LEAD CALIFORNIA COMMUNITIES IN WILDFIRE RISK REDUCTION AND RESILIENCY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,231,827. including grants of \$ 6,727,183.) (Revenue \$) THE ORGANIZATION ACTS AS A GRANT CLEARINGHOUSE AND REVIEWS, SELECTS, FUNDS, AND MONITORS GRANTS TO LOCAL ORGANIZATIONS, NONPROFITS, AND LOCAL GOVERNMENT AGENCIES FOR WILDFIRE PREVENTION AND EDUCATION. ADDITIONALLY, THE ORGANIZATION PROVIDES TECHNICAL ASSISTANCE AND EDUCATIONAL OPPORTUNITIES TO SUCH GROUPS, ESPECIALLY LOCAL FIRE SAFE COUNCILS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,231,827.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

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 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 O. | | |
| | 1a | 10 | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b | 10 | |
| 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? | | 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | 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? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 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 | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| b | Describe on 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 12c | | | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 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 | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process on 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? | | 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** 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
JOEL RUSCO - 916-648-3600
3237 PEACEKEEPER WAY, MCCLELLAN, CA 95652

Part VII 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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) LORI VANCE BUSINESS AND OPERATIONS OFFICER | 20.00 | | | | X | | 133,149. | 0. | 10,295. | |
| (2) JESSICA MARTINEZ PROGRAM DIRECTOR | 20.00 | | | | X | | 126,390. | 0. | 6,300. | |
| (3) JACY HYDE EXECUTIVE DIRECTOR | 20.00 | | | X | | | 122,628. | 0. | 9,979. | |
| (4) AMBER GARDNER CLEARINGHOUSE MANAGER | 20.00 | | | | X | | 116,809. | 0. | 9,804. | |
| (5) PAT FROST CO-CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (6) BOB ROPER CO-CHAIR (LEFT 8/23) | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (7) KATE DARGAN CO-VICE CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (8) REX FRAZIER CO-VICE CHAIR | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (9) ANGIE GIBSON CO-TREASURER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (10) DAVID HORNE, PH.D. CO-TREASURER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (11) LAURA BLAUL SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (12) FRANK BIGELOW BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (13) CHRIS OCHOA BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (14) DAVID SHEW BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (15) TROY WHITMAN BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) | (B) | (C) | (D) | | |
|--|---|---|---|------------------------------------|----------------------------|--|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | 7,304,041. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 2,710,092. | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | | |
| | h Total. Add lines 1a-1f | | | 10,014,133. | | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d _____ | | | | | | | |
| | e _____ | | | | | | | |
| | f All other program service revenue | | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,241. | | | 2,241. | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | b Less: rental expenses ... | 6b | | | | |
| | | | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | | |
| | | | (ii) Other | | | | | |
| | | | b Less: cost or other basis and sales expenses | 7b | | | | |
| | | | c Gain or (loss) | 7c | | | | |
| | d Net gain or (loss) | | | | | | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | b Less: direct expenses | 8b | | | | |
| c Net income or (loss) from fundraising events | | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | | |
| | | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | | |
| | | b Less: cost of goods sold | 10b | | | | | |
| | | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS | Business Code | 900099 | 567. | | 567. | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d All other revenue | | | | | | | |
| | e Total. Add lines 11a-11d | | | 567. | | | | |
| 12 Total revenue. See instructions | | | 10,016,941. | 0. | 0. | 2,808. | | |

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 response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 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 ... | 6,727,183. | 6,727,183. | | |
| 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 | 132,607. | 61,980. | 70,627. | |
| 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 | 1,811,320. | 835,249. | 976,071. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 23,166. | 11,753. | 11,413. | |
| 9 Other employee benefits | 119,510. | 67,653. | 51,857. | |
| 10 Payroll taxes | 152,177. | 64,187. | 87,990. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 36,234. | | 36,234. | |
| c Accounting | 84,684. | 4,759. | 79,925. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 273,130. | 178,950. | 94,180. | |
| 12 Advertising and promotion | 68. | | 68. | |
| 13 Office expenses | 101,908. | 61,339. | 40,569. | |
| 14 Information technology | 43,628. | 9,508. | 34,120. | |
| 15 Royalties | | | | |
| 16 Occupancy | 74,803. | 5,749. | 69,054. | |
| 17 Travel | 150,766. | 121,238. | 29,528. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 60,470. | 52,940. | 7,530. | |
| 20 Interest | 21. | | 21. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,605. | | 3,605. | |
| 23 Insurance | 12,207. | | 12,207. | |
| 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 O.) | | | | |
| a EDUCATION AND TRAINING | 52,154. | 4,388. | 47,766. | |
| b DIRECT ASSISTANCE | 24,551. | 24,551. | | |
| c DUES AND SUBSCRIPTIONS | 6,814. | 400. | 6,414. | |
| d TAXES AND LICENSES | 1,110. | | 1,110. | |
| e All other expenses | 512. | | 512. | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,892,628. | 8,231,827. | 1,660,801. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|---------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 392,666. | 1 | 765,403. |
| | 2 Savings and temporary cash investments | 2,804,712. | 2 | 1,057,953. |
| | 3 Pledges and grants receivable, net | 488,500. | 3 | 1,303,817. |
| | 4 Accounts receivable, net | 21. | 4 | |
| | 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 | 31,642. | 9 | 9,197. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 10,816. | | |
| | b Less: accumulated depreciation | 10b 7,962. | 10c 0. | 2,854. |
| | 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 | 0. | 15 | 75,992. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 3,717,541. | 16 | 3,215,216. | |
| Liabilities | 17 Accounts payable and accrued expenses | 180,466. | 17 | 448,737. |
| | 18 Grants payable | 488,500. | 18 | 914,709. |
| | 19 Deferred revenue | 1,034,039. | 19 | 406,201. |
| | 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 of Schedule D | 0. | 25 | 73,024. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,703,005. | 26 | 1,842,671. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 23,580. | 27 | -195,354. |
| | 28 Net assets with donor restrictions | 1,990,956. | 28 | 1,567,899. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 | 2,014,536. | 32 | 1,372,545. |
| 33 Total liabilities and net assets/fund balances | 3,717,541. | 33 | 3,215,216. | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,016,941. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,892,628. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 124,313. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 2,014,536. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -766,304. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,372,545. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b 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

| | Yes | No |
|----|-----|----|
| 1 | | |
| 2a | | X |
| b | | X |
| c | | |
| 3a | X | |
| 3b | | X |

Form 990 (2023)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4777069. | 7442150. | 7155733. | 8719034. | 10014133. | 38108119. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 4777069. | 7442150. | 7155733. | 8719034. | 10014133. | 38108119. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 202,754. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 37905365. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | 4777069. | 7442150. | 7155733. | 8719034. | 10014133. | 38108119. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 127. | 92. | 263. | 883. | 2,241. | 3,606. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 19. | | | | 567. | 586. |
| 11 Total support. Add lines 7 through 10 | | | | | | 38112311. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.46 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 100.00 % |
| 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2023 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|---|---|--|---|
| 1 | Distributable amount for 2023 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2023 | | |
| a | From 2018 | | |
| b | From 2019 | | |
| c | From 2020 | | |
| d | From 2021 | | |
| e | From 2022 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2023 distributable amount | | |
| i | Carryover from 2018 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2023 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2019 | | |
| b | Excess from 2020 | | |
| c | Excess from 2021 | | |
| d | Excess from 2022 | | |
| e | Excess from 2023 | | |

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

CALIFORNIA FIRE SAFE COUNCIL INC

Employer identification number

75-3078419

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

| | |
|---|---|
| Name of organization CALIFORNIA FIRE SAFE COUNCIL INC | Employer identification number 75-3078419 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | EDISON INTERNATIONAL 2244 WALNUT GROVE AVENUE ROSEMEAD, CA 91770 | \$ 965,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | NATIONAL FISH AND WILDLIFE FOUNDATION 1133 15TH STREET, N.W. SUITE 1000 WASHINGTON, DC 20005 | \$ 1,058,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | USDA FOREST SERVICE 1323 CLUB DRIVE VALLEJO, CA 94592 | \$ 2,297,501. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | STATE OF CALIFORNIA NATURAL RESOURCES AGENCY 715 P STREET, 20TH FLOOR SACRAMENTO, CA 95814 | \$ 363,375. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | DEPARTMENT OF FORESTRY AND FIRE PROTECTION PO BOX 944246 SACRAMENTO, CA 94224 | \$ 3,524,682. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization CALIFORNIA FIRE SAFE COUNCIL INC | Employer identification number 75-3078419 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization CALIFORNIA FIRE SAFE COUNCIL INC | Employer identification number 75-3078419 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization CALIFORNIA FIRE SAFE COUNCIL INC Employer identification number 75-3078419

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 10,816. | 7,962. | 2,854. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 2,854. |

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) LEASE LIABILITY | 73,024. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 73,024. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers (1, 2, 2a-d, 2e, 3, 4, 4a-c, 5) and a final column for the total.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers (1, 2, 2a-d, 2e, 3, 4, 4a-c, 5) and a final column for the total.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **CALIFORNIA FIRE SAFE COUNCIL INC** Employer identification number **75-3078419**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| AMADOR FIRE SAFE COUNCIL PO BOX 1055 PINE GROVE, CA 95665 | 22-3866904 | 501C3 | 55,151. | 0. | | | WILDFIRE PREVENTION |
| AMADOR RESOURCE CONSERVATION DISTRICT - 12200 B AIRPORT RD. JACKSON, CA 95642 - JACKSON, CA 95642 | 68-0450495 | | 93,877. | 0. | | | WILDFIRE PREVENTION |
| AUDUBON CANYON RANCH 4900 SHORELINE HIGHWAY 1 STINSON BEACH, CA 94970 | 94-6069140 | 501C3 | 135,000. | 0. | | | WILDFIRE PREVENTION |
| BELL CANYON FIRE SAFE COUNCIL INCORPORATED - 30 HACKAMORE LN STE 3 - BELL CANYON, CA 91307 | 85-2151726 | 501C3 | 20,000. | 0. | | | WILDFIRE PREVENTION |
| BUTTE COUNTY FIRE SAFE COUNCIL PO BOX 699 PARADISE, CA 95967 | 10-0004010 | 501C3 | 651,326. | 0. | | | WILDFIRE PREVENTION |
| CALAVERAS COUNTY OES 891 MOUNTAIN RANCH RD SAN ANDREAS, CA 95249 | 94-6000507 | | 31,725. | 0. | | | WILDFIRE PREVENTION |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **44.**
- 3** Enter total number of other organizations listed in the line 1 table **32.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CENTRAL VENTURA COUNTY FSC 3585 MAPLE STREET, SUITE 205 VENTURA, CA 93003 | 27-1527559 | 501C3 | 108,669. | 0. | | | WILDFIRE PREVENTION |
| CITY OF CORONA FD 735 PUBLIC SAFETY WAY CORONA, CA 92878 | 95-6000697 | | 20,000. | 0. | | | WILDFIRE PREVENTION |
| COUNTY OF ALPINE 50 DIAMOND VALLEY RD MARKLEEVILLE, CA 96120 | 94-6000504 | | 115,000. | 0. | | | WILDFIRE PREVENTION |
| COUNTY OF HUMBOLDT 1106 SECOND ST EUREKA, CA 95501 | 94-6000513 | | 155,150. | 0. | | | WILDFIRE PREVENTION |
| COUNTY OF INYO 168 N. EDWARDS STREET INDEPENDENCE, CA 93526 | 95-6005445 | | 33,885. | 0. | | | WILDFIRE PREVENTION |
| COUNTY OF MADERA 200 W 4TH ST MADERA, CA 93637 | 94-6000518 | | 163,500. | 0. | | | WILDFIRE PREVENTION |
| COUNTY OF PLACER 2968 RICHARDSON DRIVE AUBURN, CA 95603 | 94-6000527 | | 95,237. | 0. | | | WILDFIRE PREVENTION |
| COUNTY OF SACRAMENTO OES 3720 DUDLEY BLVD SACRAMENTO, CA 95652 | 94-6000529 | | 51,888. | 0. | | | WILDFIRE PREVENTION |
| COUNTY OF SANTA CRUZ 701 OCEAN ST RM 520 SANTA CRUZ, CA 95060 | 16-8691095 | | 90,000. | 0. | | | WILDFIRE PREVENTION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| COUNTY OF SIERRA PO BOX 98 DOWNIEVILLE, CA 95936 | 94-6000536 | | 30,000. | 0. | | | WILDFIRE PREVENTION |
| COUNTY OF SOLANO 675 TEXAS ST STE 6500 FAIRFIELD, CA 94533 | 94-6000538 | | 30,000. | 0. | | | WILDFIRE PREVENTION |
| COUNTY OF YUBA 915 8TH STREET MARYSVILLE, CA 95901 | 94-6000549 | | 85,000. | 0. | | | WILDFIRE PREVENTION |
| DEL NORTE FIRE SAFE COUNCIL PO BOX 1135 CRESCENT CITY, CA 95531 | 94-3413884 | 501C3 | 68,200. | 0. | | | WILDFIRE PREVENTION |
| EL DORADO COUNTY 330 FAIR LN PLACERVILLE, CA 95667 | 94-2206651 | | 94,520. | 0. | | | WILDFIRE PREVENTION |
| FIRE SAFE COUNCIL OF NEVADA COUNTY INC. - 143 B SPRING HILL DR - GRASS VALLEY, CA 95945 | 94-3317612 | 501C3 | 20,000. | 0. | | | WILDFIRE PREVENTION |
| FIRE SAFE COUNCIL OF SISKIYOU COUNTY - 206 SHASTA AVE - MOUNT SHASTA, CA 96067 | 58-2679050 | 501C3 | 55,000. | 0. | | | WILDFIRE PREVENTION |
| FIRE SAFE COUNCIL SANTA CRUZ COUNTY - 216-E MT HERMON RD., BOX 186 - SCOTTS VALLEY, CA 95066 | 81-4178571 | 501C3 | 85,000. | 0. | | | WILDFIRE PREVENTION |
| FIRE SAFE MARIN PO BOX 2831 SAN ANSELMO, CA 94979 | 68-0375763 | 501C3 | 87,500. | 0. | | | WILDFIRE PREVENTION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| FIRE SAFE SONOMA INC. PO BOX 11734 SANTA ROSA, CA 95406 | 91-1821198 | 501C3 | 115,000. | 0. | | | WILDFIRE PREVENTION |
| FIRE SAFETY COUNCIL OF OAK PARK 5737 KANAN RD # 636 AGOURA HILLS, CA 91301 | 95-3416510 | 501C3 | 20,000. | 0. | | | WILDFIRE PREVENTION |
| INYO FSC 168 N. EDWARDS STREET INDEPENDENCE, CA 93526 | 95-6005445 | | 20,000. | 0. | | | WILDFIRE PREVENTION |
| KERN FIRE SAFE COUNCIL 2524 BEECHWOOD WAY PINE MOUNTAIN CLUB, CA 93222 | 20-3637576 | 501C3 | 107,500. | 0. | | | WILDFIRE PREVENTION |
| KONOCTI FIRE SAFE COUNCIL 9734 STATE HIGHWAY 281 #5029 KELSEYVILLE, CA 95451 | 88-3033010 | 501C3 | 20,000. | 0. | | | WILDFIRE PREVENTION |
| LASSEN FIRE SAFE COUNCIL, INC. 1825 MAIN ST SUSANVILLE, CA 96130 | 13-4209663 | 501C3 | 93,147. | 0. | | | WILDFIRE PREVENTION |
| MATTOLE RESORATION COUNCIL FOR ETTERSBURG FIRE SAFE COUNCIL - 4500 ETTERSBURG RD - GARBERVILLE, CA 95542 | 68-0037149 | 501C3 | 20,000. | 0. | | | WILDFIRE PREVENTION |
| MENDOCINO COUNTY FIRE SAFE COUNCIL PO BOX 263 UKIAH, CA 95482 | 83-0395685 | 501C3 | 55,000. | 0. | | | WILDFIRE PREVENTION |
| MID KLAMATH WATERSHED COUNCIL PO BOX 409 ORLEANS, CA 95556 | 20-1501256 | 501C3 | 145,099. | 0. | | | WILDFIRE PREVENTION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MODOC FIRE SAFE COUNCIL PO BOX 1448 ALTURAS, CA 96101 | 87-0764643 | 501C3 | 85,000. | 0. | | | WILDFIRE PREVENTION |
| MOUNTAIN COMMUNITIES FSC 25380 FRANKLIN DRIVE #507 IDYLLWILD, CA 95249 | 91-2161820 | 501C3 | 100,000. | 0. | | | WILDFIRE PREVENTION |
| MOUNTAIN RIM FSC 32312 INADALE CT. RUNNING SPRINGS, CA 92382 | 33-0851413 | 501C3 | 40,393. | 0. | | | WILDFIRE PREVENTION |
| NAPA COMMUNITIES FIREWISE FOUNDATION - 3299 CLAREMONT WAY STE 2 - NAPA, CA 94558 | 26-0147748 | 501C3 | 105,000. | 0. | | | WILDFIRE PREVENTION |
| NEVADA COUNTY OFFICE OF EMERGENCY SERVICES - 950 MAIDU AVE - NEVADA CITY, CA 95959 | 94-6000526 | | 86,293. | 0. | | | WILDFIRE PREVENTION |
| NORTH COAST OPPORTUNITIES 413 N STATE ST UKIAH, CA 95482 | 94-1671958 | 501C3 | 55,000. | 0. | | | WILDFIRE PREVENTION |
| OJAI VALLEY FSC 16200 MARICOPA HIGHWAY OJAI, CA 93023 | 52-2291493 | 501C3 | 75,000. | 0. | | | WILDFIRE PREVENTION |
| PLUMAS COUNTY FIRE SAFE COUNCIL P.O. BOX 1225 QUINCY, CA 95971 | 68-0016418 | 501C3 | 65,000. | 0. | | | WILDFIRE PREVENTION |
| RCD SAN DIEGO FOR ELFIN FOREST HARMONY GROVE FIRE SAFE COUNCIL - 11769 WATERHILL RD. - LAKESIDE, CA 92040 | | | 20,000. | 0. | | | WILDFIRE PREVENTION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| RCD TEHAMA COUNTY 2 SUTTER STREET, SUITE D RED BLUFF, CA 96080 | 68-0142292 | | 87,500. | 0. | | | WILDFIRE PREVENTION |
| REGIONAL PARKS FOUNDATION PO BOX 2527 CASTRO VALLEY, CA 94546 | 23-7011877 | 501C3 | 37,388. | 0. | | | WILDFIRE PREVENTION |
| SALMON RIVER RESTORATION COUNCIL PO BOX 1089 SAWYERS BAR, CA 96027 | 68-0343595 | 501C3 | 60,000. | 0. | | | WILDFIRE PREVENTION |
| SAN DIEGO RCD 11769 WATERHILL ROAD LAKESIDE, CA 92040 | 33-0768824 | 501C3 | 87,500. | 0. | | | WILDFIRE PREVENTION |
| SAN MATEO COUNTY 400 COUNTY CENTER REDWOOD CITY, CA 94063 | 94-6000532 | | 60,000. | 0. | | | WILDFIRE PREVENTION |
| SAN MATEO RCD 80 STONE PINE ROAD, SUITE 100 HALF MOON BAY, CA 94019 | 94-6036491 | | 145,307. | 0. | | | WILDFIRE PREVENTION |
| SANTA BARBARA COUNTY P&D 123 E ANAPAMU ST SANTA BARBARA, CA 93101 | 95-6002833 | | 103,740. | 0. | | | WILDFIRE PREVENTION |
| SANTA BARBARA FSC 4410 CATHEDRAL OAKS RD SANTA BARBARA, CA 93110 | 95-6002833 | | 25,000. | 0. | | | WILDFIRE PREVENTION |
| SANTA BARBARA FSC PO BOX 31052 SANTA BARBARA, CA 93130 | 77-0459954 | 501C3 | 87,500. | 0. | | | WILDFIRE PREVENTION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SANTA CLARA COUNTY FSC 14380 SARATOGA AVE SARATOGA, CA 95070 | 56-2368255 | 501C3 | 71,533. | 0. | | | WILDFIRE PREVENTION |
| SANTA CLARA FSC 14380 SARATOGA AVE SARATOGA, CA 95070 | 56-2368255 | 501C3 | 87,500. | 0. | | | WILDFIRE PREVENTION |
| SANTA MONICA MOUNTAINS RCD 540 S TOPANGA CANYON BLVD TOPANGA, CA 90290 | 95-2158325 | | 646,396. | 0. | | | WILDFIRE PREVENTION |
| SHASTA COUNTY FSC P.O. BOX 338 PALO CEDRO, CA 96073 | 35-2687653 | 501C3 | 87,500. | 0. | | | WILDFIRE PREVENTION |
| SHERWOOD FIREWISE COMMUNITIES, A DBA OF REDI - 75 N MAIN ST PMB 234 - WILLITS, CA 95490 | 68-0328459 | 501C3 | 20,000. | 0. | | | WILDFIRE PREVENTION |
| SIERRA COUNTY FIRESAFE AND WATERSHED COUNCIL - PO BOX 124 - DOWNIEVILLE, CA 95936 | 20-4671752 | 501C3 | 20,000. | 0. | | | WILDFIRE PREVENTION |
| SIERRA RCD PO BOX 693 AUBERRY, CA 93602 | 72-1604970 | | 164,766. | 0. | | | WILDFIRE PREVENTION |
| SPATIAL INFORMATICS GROUP- NATURAL ASSETS LABORATORY - 2529 YOLANDA COURT - PLEASANTON, CA 94566 | 45-4219184 | 501C3 | 756,549. | 0. | | | WILDFIRE PREVENTION |
| THE SAFE COMMUNITY PROJECT/ MY SAFE LA - 5301 BEETHOVEN ST STE 228 - LOS ANGELES, CA 90066 | 27-0967511 | 501C3 | 84,000. | 0. | | | WILDFIRE PREVENTION |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| THREE RIVERS FIRE SAFE COUNCIL PO BOX 449 THREE RIVERS, CA 93271 | 84-3807204 | 501C3 | 20,000. | 0. | | | WILDFIRE PREVENTION |
| TRINITY COUNTY RCD P.O. BOX 1450 WEAVERVILLE, CA 96093 | 68-0191522 | | 25,000. | 0. | | | WILDFIRE PREVENTION |
| TUOLUMNE COUNTY 2 S GREEN ST SONORA, CA 95370 | 94-6000547 | | 11,908. | 0. | | | WILDFIRE PREVENTION |
| UC SANTA BARBARA 3227 CHEADLE HALL, 3RD FLOOR SANTA BARBARA, CA 93106 | 95-6006145 | 501C3 | 16,945. | 0. | | | WILDFIRE PREVENTION |
| URBAN CORPS OF SAN DIEGO 3127 JEFFERSON ST. SAN DIEGO, CA 92110 | 33-0352148 | 501C3 | 206,351. | 0. | | | WILDFIRE PREVENTION |
| WEST CONTRA COSTA FIRE SAFE COUNCIL - 727 DEVILS DROP CT - RICHMOND, CA 94803 | 88-2403580 | 501C3 | 20,000. | 0. | | | WILDFIRE PREVENTION |
| WILDWOOD WATCHERS/ MOUNTAIN RIM FIRE SAFE COUNCIL - 32312 INADALE CT - RUNNING SPRINGS, CA 92382 | 33-0851413 | 501C3 | 20,000. | 0. | | | WILDFIRE PREVENTION |
| YOLO COUNTY OFFICE OF EMERGENCY SERVICES - 625 COURT ST - WOODLAND, CA 95695 | 94-6000548 | | 145,000. | 0. | | | WILDFIRE PREVENTION |

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANT MANAGERS ARE ASSIGNED THE RESPONSIBILITY OF TRACKING THE PROGRAMS AND FINANCIAL PROGRESS ON SUBAWARDS. THEY PROVIDE TECHNICAL ASSISTANCE, MAINTAIN REGULAR CONTACT WITH THE SUBRECIPIENTS, REVIEW THEIR FINANCIAL REPORTS AND BUDGETS, AND PERFORM SITE VISITS. FURTHERMORE, THE ORGANIZATION MAINTAINS TRACKING SYSTEMS THAT INCLUDE PROGRESS REPORTING ON THE WEBSITES AND SPREADSHEETS FOR TRACKING SUBGRANT-RELATED ISSUES AND RESOLUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CALIFORNIA FIRE SAFE COUNCIL INC

Employer identification number

75-3078419

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR REVIEWS FORM 990 PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REVIEWS AND REPORTS SITUATIONS AND COMPLAINTS RELATED TO
POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY CONTRACT, THE
EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE
UTILIZES PUBLIC COMPENSATION DATA AND OUTSIDE PROFESSIONAL SERVICES,
COMPARING THE EXECUTIVE DIRECTOR'S SALARY TO OTHER EXECUTIVE DIRECTORS IN A
SIMILAR POSITION TO DETERMINE A FAIR AND REASONABLE COMPENSATION PACKAGE.
ONCE THE EXECUTIVE COMMITTEE DETERMINES THAT THE COMPENSATION IS WITHIN THE
MARKET RANGE, THEY MAKE A RECOMMENDATION THAT IS THEN PRESENTED TO THE FULL
BOARD FOR REVIEW AND APPROVAL. LAST REVIEW WAS CONDUCTED IN 2022.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, 990, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 3B:

THE ORGANIZATION ENGAGED WITH AN INDEPENDENT AUDIT FIRM TO PERFORM THE
2022 AND 2023 SINGLE AUDITS. THE AUDITS WERE IN PROCESS AT THE TIME
THE TAX RETURN WAS FILED.

California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **CALIFORNIA FIRE SAFE COUNCIL INC** California corporation number: **2399772**

Additional information. See instructions. FEIN: **75-3078419**

Street address (suite or room): **3237 PEACEKEEPER WAY** PMB no. _____

City: **MCCLELLAN** State: **CA** ZIP code: **95652**

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 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 | 2,808 | 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | | 00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received STMT 1 | 3 | 10,014,133 | 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 | 10,016,941 | 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 | 10,016,941 | 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 9,892,628 | 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 124,313 | 00 |
| Payments | 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: Joel Rusco Title: **CFO** Date: _____ Telephone: _____

Paid Preparer's Use Only Preparer's signature: **DYLAN VALENTINE** Date: **11/13/24** Check if self-employed: PTIN: **P01934033**

Firm's name (or yours, if self-employed) and address: **CLIFTONLARSONALLEN LLP**
915 HIGHLAND POINTE DR., SUITE 300
ROSEVILLE, CA 95678 Firm's FEIN: **41-0746749**
 Telephone: **(916) 784-7800**

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.

328951 12-26-23

SEE PART II SUBSTITUTE ATTACHMENT

| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|----|------|----|
| 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 | | 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 | | 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 | | 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | | 00 |
| | | 14 | Taxes | • | 14 | | 00 |
| | | 15 | Rents | • | 15 | | 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | | 00 |
| | | 17 | Other expenses and disbursements | • | 17 | | 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | | 18 | | 00 |

| Schedule L Balance Sheet | Beginning of taxable year | | | End of taxable year |
|--|---------------------------|-----|-----|---------------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | | | • |
| 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 | | | | |
| b Less accumulated depreciation | | | | |
| 11 Land | | | | • |
| 12 Other assets | | | | • |
| 13 Total assets | | | | |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | | | • |
| 15 Contributions, gifts, or grants payable | | | | • |
| 16 Bonds and notes payable | | | | • |
| 17 Mortgages payable | | | | • |
| 18 Other liabilities | | | | |
| 19 Capital stock or principal fund | | | | • |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | • |
| 21 Retained earnings or income fund | | | | • |
| 22 Total liabilities and net worth | | | | |

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

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|--|---|--------------|------------|
| EDISON INTERNATIONAL | 2244 WALNUT GROVE AVENUE ROSEMEAD, CA 91770 | | 965,000. |
| NATIONAL FISH AND WILDLIFE FOUNDATION | 1133 15TH STREET, N.W. SUITE 1000 WASHINGTON, DC 20005 | | 1,058,200. |
| USDA FOREST SERVICE | 1323 CLUB DRIVE VALLEJO, CA 94592 | | 2,297,501. |
| STATE OF CALIFORNIA NATURAL RESOURCES AGENCY | 715 P STREET, 20TH FLOOR SACRAMENTO, CA 95814 | | 363,375. |
| DEPARTMENT OF FORESTRY AND FIRE PROTECTION | PO BOX 944246 SACRAMENTO, CA 94224 | | 3,524,682. |
| CAL OES, GOVERNOR'S OFFICE OF EMERGENCY SERVICES | 3650 SCHRIEVER AVENUE MATHER, CA 95655 | | 60,283. |
| TOTAL INCLUDED ON LINE 3 | | | 8,269,041. |

TAXABLE YEAR

2023

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

Table with 2 columns: Exempt Organization name, Identifying number. Row 1: CALIFORNIA FIRE SAFE COUNCIL INC, 75-3078419

Part I Electronic Return Information (whole dollars only)

Table with 2 columns: Description, Amount. Rows 1-5: Total gross receipts, Total gross income, Total expenses, Tax due, Overpayment.

Part II Settle Your Account Electronically for Taxable Year 2023

Table with 2 columns: Description, Amount. Rows 6-7: Direct Deposit of refund, Electronic funds withdrawal.

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

Table with 5 columns: Description, First Payment, Second Payment, Third Payment, Fourth Payment. Rows 8-9: Amount, Withdrawal Date.

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

Table with 2 columns: Description, Value. Rows 10-12: Routing number, Account number, Type of account.

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return.

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 2023 California electronic return.

Sign Here: Joel Rusco, CFO. Includes signature line and title field.

Part VI 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.)

ERO: DYLAN VALENTINE, CLIFTONLARSONALLEN LLP, 915 HIGHLAND POINTE DR., SUITE 300, ROSEVILLE, CA. Includes signature, date, and firm information.

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: Includes signature, date, and firm information for the preparer.

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

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 Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

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

CALIFORNIA FIRE SAFE COUNCIL INC

Name of Organization

List all DBAs and names the organization uses or has used

3237 PEACEKEEPER WAY

Address (Number and Street)

MCCLELLAN, CA 95652

City or Town, State, and ZIP Code

916-648-3600

Telephone Number

E-mail Address

Check if:

- Change of address
 Amended report
 Organization requests email notifications

State Charity Registration Number 118186

Corporation or Organization No. 2399772

Federal Employer ID No. 75-3078419

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
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 01/01/2023 ending 12/31/2023) list:

Total Revenue (including noncash contributions) \$ 10,016,941 Noncash Contributions \$ 0 Total Assets \$ 3,215,216
Program Expenses \$ 8,231,827 Total Expenses \$ 9,892,628

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.

Joel Rusco

Signature of Authorized Agent

JOEL RUSCO

Printed Name

CFO

Title

Date

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INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 2

USDA FOREST SERVICE
1323 CLUB DRIVE
VALLEJO, CA 94592

STATE OF CALIFORNIA
NATURAL RESOURCES AGENCY
715 P STREET, 20TH FLOOR
SACRAMENTO, CA 95814

DEPARTMENT OF FORESTRY AND FIRE PROTECTION
PO BOX 944246
SACRAMENTO, CA 94224

CAL OES, GOVERNOR'S OFFICE OF EMERGENCY SERVICES
3650 SCHRIEVER AVENUE
MATHER, CA 95655

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INFORMATION REGARDING RESTRICTED ASSETS
PART B, LINE 9

STATEMENT 3

ALL RESTRICTED FUNDS WERE USED CONSISTENT WITH THEIR RESTRICTED PURPOSE.