

Form **990****Two Year Comparison Report****2021 & 2022**For calendar year 2022, or tax year beginning **07/01/22**, ending **06/30/23**

Name

Taxpayer Identification Number

**Lassen Fire Safe Council Inc****13-4209663**

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1. 2,219,058	193,570	-2,025,488
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 12,637,119	7,383,537	-5,253,582
	4. Program service revenue	4. 841,708	8,100	-833,608
	5. Investment income	5. 3,907	17,830	13,923
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.	44,690	44,690
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 15,701,792	7,647,727	-8,054,065
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 274,934	173,188	-101,746
	16. Salaries, other compensation, and employee benefits	16. 179,371	301,826	122,455
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 128,699	216,201	87,502
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20. 39,055	35,485	-3,570
	21. Other expenses	21. 12,420,729	6,792,875	-5,627,854
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 13,042,788	7,519,575	-5,523,213
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 2,659,004	128,152	-2,530,852
Other Information	24. Total exempt revenue	24. 15,701,792	7,647,727	-8,054,065
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 3,907	70,620	66,713
	27. Total assets	27. 8,003,433	7,400,679	-602,754
	28. Total liabilities	28. 4,817,900	4,086,994	-730,906
	29. Retained earnings	29. 3,185,533	3,313,685	128,152
	30. Number of voting members of governing body	30. 7	6	
	31. Number of independent voting members of governing body	31. 6	5	
	32. Number of employees	32. 5	8	
	33. Number of volunteers	33.		

Form **8879-TE**

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 7/01 2022, and ending 6/30 20 23

**2022**

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**Lassen Fire Safe Council Inc**

EIN or SSN

**13-4209663**

Name and title of officer or person subject to tax  
**Ruth Morentz  
Chair**

**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	<b>7,647,727</b>
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 2022 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 **McSweeney & Associates, APC** to enter my PIN **5555** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 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 \_\_\_\_\_ 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.

**6877625555**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 \_\_\_\_\_ Date \_\_\_\_\_

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

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2022**

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

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23**

- B Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C Name of organization**  
**Lassen Fire Safe Council Inc**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1825 Main Street**

City or town, state or province, country, and ZIP or foreign postal code  
**Susanville CA 96130-4518**

**D Employer identification number**  
**13-4209663**

**E Telephone number**  
**530-250-4449**

**G Gross receipts \$** **7,673,037**

**F Name and address of principal officer:**  
**Ruth Morentz**

**H(a) Is this a group return for subordinates?**  Yes  No

**H(b) Are all subordinates included?**  Yes  No  
If "No," attach a list. See instructions

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

**J Website:** **www.lassenfiresafecouncil.org**

**H(c) Group exemption number**

**K Form of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** **2002** **M State of legal domicile:** **CA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>The Lassen Fire Safe Council, Inc.'s mission is mobilizing Californians to protect their homes, communities and environments from wildfire.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>8</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>14,856,177</b>	<b>Current Year</b> <b>7,577,107</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>841,708</b>	<b>8,100</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,907</b>	<b>62,520</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,701,792</b>	<b>7,647,727</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>454,305</b>	<b>475,014</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>12,588,483</b>	<b>7,044,561</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>13,042,788</b>	<b>7,519,575</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,659,004</b>	<b>128,152</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>8,003,433</b>	<b>End of Year</b> <b>7,400,679</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,817,900</b>	<b>4,086,994</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,185,533</b>	<b>3,313,685</b>

**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.

TAXPAYER'S COPY

**Sign Here** Signature of officer: **Ruth Morentz** Chair Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: **Edward J. McSweeney** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00475780**

Firm's name: **McSweeney & Associates, APC** Firm's EIN: **27-0412395**

Firm's address: **350 Crown Point Cir Ste 200 Grass Valley, CA 95945-9525** Phone no.: **530-272-5555**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

See Schedule O

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 No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,927,645 including grants of \$ ) (Revenue \$ 8,100 )

Contracts for forest thinning and clean up to reduce fire danger on the wildland/urban interface in Northeastern California. Lead organization for Lassen County's community wildfire protection plan.

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

N/A

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

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,927,645

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules (continued)**

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

**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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	11
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

**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	6		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	5		
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 <b>CA</b>
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 <b>Ruth Morentz</b> <b>1825 Main Street</b> <b>Susanville</b> <b>CA 96130</b> <b>530-250-4449</b>



**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 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 per week (list any hours for related organizations below dotted 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) Thomas Esgate	40.00									
Managing Dir-Former	0.00	X		X			208,942	0	0	
(2) Sue Cenotti	17.00									
Secretary/Treasurer	0.00	X		X			15,295	0	0	
(3) Cathy Dirden	10.00									
Sec/Treasurer-Former	0.00	X		X			10,938	0	0	
(4) Bob Andrews	3.00									
Director	0.00	X					0	0	0	
(5) Kerri Cobb	5.00									
Director	0.00	X					0	0	0	
(6) Phil Good	3.00									
Vice Chair	0.00	X		X			0	0	0	
(7) Ruth Morentz	20.00									
Chair	0.00	X		X			0	0	0	
(8) Kam Vento	5.00									
Director	0.00	X					0	0	0	
(9)										
(10)										
(11)										



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	7,383,537			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	193,570			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>7,577,107</b>			
<b>Program Service Revenue</b>	2a Misc small grants & contribut	Business Code 561000	8,100	8,100		
	b					
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		<b>8,100</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		17,830		17,830	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other	70,000		
	b Less: cost or other basis and sales exps.	7b		25,310		
c Gain or (loss)	7c		44,690			
d Net gain or (loss)		44,690	44,690			
8a 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						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a 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						
<b>Miscellaneous Revenue</b>	11a	Business Code				
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions</b>		<b>7,647,727</b>	<b>52,790</b>	<b>0</b>	<b>17,830</b>	

**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				
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	83,361	50,750	32,611	
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	309,768	163,940	145,828	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,232		3,232	
9 Other employee benefits	46,766		46,766	
10 Payroll taxes	31,887		31,887	
11 Fees for services (nonemployees):				
a Management				
b Legal	10,311		10,311	
c Accounting	205,890		205,890	
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 Schedule O.)				
12 Advertising and promotion				
13 Office expenses	35,694		35,694	
14 Information technology	23,465		23,465	
15 Royalties				
16 Occupancy				
17 Travel	12,827	6,492	6,335	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,932		3,932	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,485	35,485		
23 Insurance	31,625		31,625	
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 Contractual Services	6,668,055	6,668,055		
b Communications/Outreach	9,132		9,132	
c Education	3,346	2,923	423	
d Taxes	1,815		1,815	
e All other expenses	2,984		2,984	
25 Total functional expenses. Add lines 1 through 24e	7,519,575	6,927,645	591,930	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	1,940,661	1	2,733,566
	2	Savings and temporary cash investments	2,731,507	2	4,180,493
	3	Pledges and grants receivable, net	1,651,389	3	160,476
	4	Accounts receivable, net	1,400,000	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	9,071	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 395,098		
	b	Less: accumulated depreciation	10b 68,954	10c 270,805	326,144
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	8,003,433	16	7,400,679	
Liabilities	17	Accounts payable and accrued expenses	1,296,710	17	525,857
	18	Grants payable		18	
	19	Deferred revenue	3,466,613	19	3,533,177
	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	54,577	25	27,960
	26	<b>Total liabilities.</b> Add lines 17 through 25	4,817,900	26	4,086,994
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	3,185,533	27	3,313,685
	28	Net assets with donor restrictions		28	
	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	<b>Total net assets or fund balances</b>	3,185,533	32	3,313,685	
33	<b>Total liabilities and net assets/fund balances</b>	8,003,433	33	7,400,679	

**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	7,647,727
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,519,575
3	Revenue less expenses. Subtract line 2 from line 1	3	128,152
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,185,533
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	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,313,685

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	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		

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Lassen Fire Safe Council Inc**

Employer identification number

**13-4209663**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(f) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,573,502	10,137,898	5,784,564	14,297,885	8,985,207	41,779,056
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	2,573,502	10,137,898	5,784,564	14,297,885	8,985,207	41,779,056
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)						
6 Public support. Subtract line 5 from line 4						41,779,056

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2,573,502	10,137,898	5,784,564	14,297,885	8,985,207	41,779,056
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,160	3,326	3,906	3,907	17,830	30,129
9 Net income from unrelated business activities, whether or not the business is regularly carried on		19,000				19,000
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						41,828,185

12 Gross receipts from related activities, etc. (see instructions) **12** 849,808

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	99.88 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	97.38 %

- 16a 33 1/3% support test—2022. 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
- b 33 1/3% support test—2021. 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
- 17a 10%-facts-and-circumstances test—2022. 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
- b 10%-facts-and-circumstances test—2021. 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
- 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



**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**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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. (Add lines 9, 10c, 11, and 12.)						

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**

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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—2021. 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 on 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
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)? If "Yes," explain in <b>Part VI</b> 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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? If "Yes," provide detail in <b>Part VI</b> .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - b** A family member of a person described on line 11a above?
  - c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 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? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 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?
- 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? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. *Complete line 2 below.*
  - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c** The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

- 2** Activities Test. *Answer lines 2a and 2b below.*
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
  - b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
  - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

Lassen Fire Safe Council Inc

13-4209663

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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).

Name of organization

Lassen Fire Safe Council Inc

Employer identification number

13-4209663

**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	State of California Department of Forestry & Fire Protec 6105 Airport Road Redding CA 96002	\$ 6,615,706	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Sierra Nevada Conservancy 11521 Blocker Drive Suite 205 Auburn CA 95603	\$ 485,974	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	USDA Forest Service Albuquerque Service Center Pmt-Grant 101B Sun Ave NE Albuquerque NM 87109	\$ 242,387	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Honey Lake Valley RCD 170 Russell Ave, Ste C Susanville CA 96130	\$ 15,236	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FEMA CA Office of Emergency Services 3650 Schriever Ave Mather CA 95655	\$ 11,020	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Lassen County 221 Roop Street Suite 4 Susanville CA 96130	\$ 13,214	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Lassen Fire Safe Council Inc

Employer identification number

13-4209663

**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
7	One Tree Planted 145 Pine Haven Shores Rd, Ste 1000D Shelburne VT 05482	\$ 111,281	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	California Fire Foundation 1780 Creekside Oaks Drive Sacramento CA 95833	\$ 10,016	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	California Fire Safe Council 3237 Peacekeeper Way Ste 201 McClellan CA 95652	\$ 72,273	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.)
		\$	Person <input 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.)

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

2022

Open to Public Inspection

Name of the organization

Lassen Fire Safe Council Inc

Employer identification number

13-4209663

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 2(d) 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: Revenue, Assets. 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. 1b 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.

**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 on 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 .....		45,000		45,000
b Buildings .....		214,317	10,442	203,875
c Leasehold improvements .....				
d Equipment .....				
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				248,875

**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)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)</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)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)</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)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</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) <b>Accrued paid leave</b>	<b>13,315</b>
(3) <b>Payroll tax liabilities</b>	<b>10,097</b>
(4) <b>Due to Cal Fire</b>	<b>4,548</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>27,960</b>

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. Total revenue reported as 7,647,727.

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. Total expenses reported as 7,519,575.

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.

Part XIII - Supplemental Financial Information

Audited financial statements are in progress and not complete as of the filing of this tax return. The amounts shown in Schedule D, Part XI and XII do not represent revenue and expenses per audited financial statements.



**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Lassen Fire Safe Council Inc**

Employer identification number

**13-4209663**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Thomas Esgate Managing Dir-Former	(i) 177,624 (ii) 0	(ii) 0	(iii) 31,318	0	0	208,942	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								



**Part II Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Lassen Fire Safe Council Inc

Employer identification number

13-4209663

**Form 990 - Organization's Mission**

The purpose of the corporation is to preserve California's natural and manmade resources by mobilizing all Californians to make their home, neighborhoods and communities fire safe by utilizing combined expertise, resources, and distribution channels of its members; to unite its diverse membership to speak with one voice about fire safety, to evaluate legislation pertaining to fire safety, and to empower grassroots organizations to spearhead fire safety programs.

**Form 990, Part III, Line 4d - All Other Accomplishments**

Equipment purchases included in contracts for greenhouse gas and fire prevention work on national forest land.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

Form 990 is reviewed by the Board of Directors

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

Directors and officers are required to submit to the Board annually a form detailing any conflicts of interest they have.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

Compensation of the organization's top management office is approved by the Board of Directors which consists of independent persons.

Comparability data is reviewed and the decision is documented in the Board minutes.

Name of the organization

Employer identification number

Lassen Fire Safe Council Inc

13-4209663

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation of officers is approved by the Board of Directors which consists of independent persons. Comparability data is reviewed and the decision is documented in the Board minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No governing documents are available to the public.

**Federal Statements**

**Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
Interest income	\$ 17,830		14			
Total	<u>\$ 17,830</u>					

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Website Hosting	\$ 1,440	\$	\$ 1,440	\$
Supplies and Materials	570		570	
Licenses & Filing Fees	400		400	
Equipment rental	310		310	
Membership Fees	135		135	
Telephone & internet	53		53	
Bank Fees	45		45	
Miscellaneous	31		31	
Total	<u>\$ 2,984</u>	<u>\$ 0</u>	<u>\$ 2,984</u>	<u>\$ 0</u>

**Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
Misc small grants & contribut	\$ 8,100
Total	<u>\$ 8,100</u>

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Attachment Sequence No. **179**

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Identifying number

**Lassen Fire Safe Council Inc**

**13-4209663**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	35,485

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	35,485
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

There are no amounts for Page 2

Year Ended: June 30, 2023

13-4209663

Lassen Fire Safe Council Inc  
1825 Main Street  
Susanville, CA 96130-4518

**Electing out of Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	2019 Morbark Eeger Beaver Sold/Scrapped: 9/29/22	2/11/19	94,912			94,912	5 MO S/L	64,857	4,745
2	Lenovo computer & accessories	2/11/19	3,012			3,012	5 MO S/L	2,058	603
3	Lenovo Computer	4/20/20	5,075			5,075	5 MO S/L	2,199	1,015
4	2020 Toyota Highlander	4/06/20	46,350			46,350	5 MO S/L	20,858	9,270
5	Printer	4/08/20	2,201			2,201	5 MO S/L	990	441
6	Office building in Susanville CA	8/17/20	105,513			105,513	40 MO S/L	5,774	2,637
7	Land for Office in Susanville CA	8/17/20	45,000			45,000	0 -- Land	0	0
8	Fire radio	8/24/20	2,739			2,739	5 MO S/L	776	548
9	24kw Generator	9/08/21	13,700			13,700	5 MO S/L	2,283	2,740
10	CA Surveying	5/07/22	4,764			4,764	40 MO S/L	20	119
11	MCP Tech Ent - server	3/30/22	5,142			5,142	5 MO S/L	257	1,029
12	Safe	4/14/22	1,933			1,933	5 MO S/L	98	386
13	Toyota truck	2/25/22	43,515			43,515	5 MO S/L	2,901	8,703
14	Lenovo 7i Gen 7 Intel	8/31/22	7,310			7,310	5 MO S/L	0	1,218
15	Sewer line replacement	7/18/22	34,816			34,816	40 MO S/L	0	798
16	Office remodel	10/31/22	73,988			73,988	40 MO S/L	0	1,233
<b>Total Other Depreciation</b>			<b>489,970</b>			<b>489,970</b>		<b>103,071</b>	<b>35,485</b>
<b>Total ACRS and Other Depreciation</b>			<b>489,970</b>			<b>489,970</b>		<b>103,071</b>	<b>35,485</b>
<b>Grand Totals</b>			<b>489,970</b>			<b>489,970</b>		<b>103,071</b>	<b>35,485</b>
<b>Less: Dispositions and Transfers</b>			<b>94,912</b>			<b>94,912</b>		<b>64,857</b>	<b>4,745</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>395,058</b>			<b>395,058</b>		<b>38,214</b>	<b>30,740</b>

034

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2022

**California e-file Return Authorization for Exempt Organizations**

FORM

8453-EO

Exempt Organization name

LASSEN FIRE SAFE COUNCIL INC

Identifying number

13-4209663

**Part I Electronic Return Information (whole dollars only)**

1	Total gross receipts (Form 199, line 4)	1	7,673,037
2	Total gross income (Form 199, line 8)	2	7,647,727
3	Total expenses and disbursements (Form 199, line 9)	3	7,519,575

**Part II Settle Your Account Electronically for Taxable Year 2022**

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

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

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

**Part IV Declaration of Officer**

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

**TAXPAYER'S COPY**

Sign Here

Signature of officer

Date

CHAIR  
Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00475780
	Firm's name (or yours if self-employed) and address	MCSWEENEY & ASSOCIATES, APC 350 CROWN POINT CIR STE 200 GRASS VALLEY CA			Firm's FEIN 27-0412395
					ZIP code 95945-9525

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.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			
				Firm's FEIN ZIP code



**TAXABLE YEAR** **California Exempt Organization**  
**2022 Annual Information Return**

FORM

**199**

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023.

Corporation/Organization name <b>LASSEN FIRE SAFE COUNCIL INC</b>		California corporation number <b>2462747</b>
Additional information. See instructions.		FEIN <b>13-4209663</b>
Street address (suite or room) <b>1825 MAIN STREET</b>		PMB no.
City <b>SUSANVILLE</b>	State <b>CA</b>	Zip code <b>96130-4518</b>
Foreign country name	Foreign province/state/county	Foreign postal code

<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy) ● _____</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input checked="" type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990)                  (4) <input type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," what is the parent's name? _____</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	95,930	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	7,577,107	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	7,673,037	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	25,310	00
	7 Total costs. Add line 5 and line 6	7	25,310	00
	8 Total gross income. Subtract line 7 from line 4	8	7,647,727	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	7,519,575	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	128,152	00
<b>Filing Fee</b>	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
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <b>TAXPAYER'S COPY</b>	Title <b>CHAIR</b>	Date	Telephone <b>530-250-4449</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00475780</b>
	Firm's name (or yours, if self-employed) and address <b>MCSWEENEY &amp; ASSOCIATES, APC 350 CROWN POINT CIR STE 200 GRASS VALLEY, CA 95945-9525</b>			Firm's FEIN <b>27-0412395</b>
				Telephone <b>530-272-5555</b>
May the FTB discuss this return with the preparer shown above? See instructions				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**LASSEN FIRE SAFE COUNCIL INC**  
13-4209663

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	1	8,100	00
	2	Interest	2	17,830	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) <b>SEE STATEMENT 1</b>	6	70,000	00
	7	Other income. Attach schedule	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	95,930	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00
<b>Expenses and Disbursements</b>	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 2</b>	11	83,361	00
	12	Other salaries and wages	12	309,768	00
	13	Interest	13		00
	14	Taxes	14		00
	15	Rents	15		00
	16	Depreciation and depletion (See instructions)	16	35,485	00
	17	Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 3</b>	17	7,090,961	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	7,519,575	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		4,672,168		6,914,059
2 Net accounts receivable		3,051,389		160,476
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. Attach schedule				
10 a Depreciable assets	328,876		350,098	
b Less accumulated depreciation	103,071	225,805	68,954	281,144
11 Land		45,000		45,000
12 Other assets. Attach schedule <b>STMT 4</b>		9,071		
13 <b>Total assets</b>		8,003,433		7,400,679
<b>Liabilities and net worth</b>				
14 Accounts payable		1,296,710		525,857
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule <b>STMT 5</b>		3,521,190		3,561,137
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,185,533		3,313,685
22 <b>Total liabilities and net worth</b>		8,003,433		7,400,679

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	128,152	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	128,152
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	128,152		

**Schedule B  
(Form 990)**

**Schedule of Contributors**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  <b>Lassen Fire Safe Council Inc</b>	Employer identification number  <b>13-4209663</b>
---	---

Organization type (check one):

- |                    |  |
|--------------------|--|
| <b>Filers of:</b>  | <b>Section:</b>  |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                 |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                       |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation     |
|                    | <input type="checkbox"/> 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<sup>1</sup>/<sub>3</sub>% 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).

Name of organization

Lassen Fire Safe Council Inc

Employer identification number

13-4209663

**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	State of California Department of Forestry & Fire Protec 6105 Airport Road Redding CA 96002	\$ 6,615,706	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Sierra Nevada Conservancy 11521 Blocker Drive Suite 205 Auburn CA 95603	\$ 485,974	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	USDA Forest Service Albuquerque Service Center Pmt-Grant 101B Sun Ave NE Albuquerque NM 87109	\$ 242,387	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Honey Lake Valley RCD 170 Russell Ave, Ste C Susanville CA 96130	\$ 15,236	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FEMA CA Office of Emergency Services 3650 Schriever Ave Mather CA 95655	\$ 11,020	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Lassen County 221 Roop Street Suite 4 Susanville CA 96130	\$ 13,214	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Lassen Fire Safe Council Inc

Employer identification number

13-4209663

**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
7	One Tree Planted 145 Pine Haven Shores Rd, Ste 1000D Shelburne VT 05482	\$ 111,281	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	California Fire Foundation 1780 Creekside Oaks Drive Sacramento CA 95833	\$ 10,016	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	California Fire Safe Council 3237 Peacekeeper Way Ste 201 McClellan CA 95652	\$ 72,273	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.)
			Person <input 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.)

**Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets**

Description			How	Whom		
	Date	Date	Received	Sold To		Net
	Acquired	Sold	Gross	Cost &	Depr	Basis
			Proceeds	Expense		
2019 Morbark Eeger Beaver			Purchase			
	2/11/19	9/29/22	\$ 70,000	\$ 94,912	\$ 69,602	\$ 25,310
Total			\$ 70,000	\$ 94,912	\$ 69,602	\$ 25,310

**Statement 2 - Form 199, Part II, Line 11 - Officer Compensation**

Name		Address		City	Avg Hrs	Compensation Amount
State	Zip	Title				
			Chair		20.00	
			Vice Chair		3.00	
			Sec/Treasurer-Former		10.00	2,459
			Secretary/Treasurer		17.00	30,152
			Managing Dir-Former		40.00	50,750
			Director		3.00	
			Director		5.00	
			Director		5.00	
Total						83,361

**Statement 3 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
Health insurance	\$ 46,766
Payroll Taxes	31,887
Accounting and Bookkeeping	64,843
Legal Fees	10,311
Printing & publication	417
Postage	298
Auto and travel	12,827
Meetings	3,932
Contractual Services	6,668,055
Supplies and Materials	570
Website Hosting	1,440
Taxes	1,815
Bank Fees	45
Membership Fees	135
Licenses & Filing Fees	400

**Statement 3 - Form 199, Part II, Line 17 - Other Expenses (continued)**

Description	Amount
Communications/Outreach	\$ 9,132
Educaton	3,346
Equipment rental	310
Telephone & internet	53
Office Expense	28,124
Office Supplies	6,855
Information Technology	23,465
Insurance expense	30,498
Workers compensation insuranc	1,127
Audit & Tax Prep	62,829
Consulting	78,218
Miscellaneous	31
SIMPLE IRA	3,232
Total	<u>\$ 7,090,961</u>

**Statement 4 - Form 199, Schedule L, Line 12 - Other Assets**

Description	Beginning of Year	End of Year
Prepaid Expenses	\$ 9,071	\$
Total	<u>\$ 9,071</u>	<u>\$ 0</u>

**Statement 5 - Form 199, Schedule L, Line 18 - Other Liabilities**

Description	Beginning of Year	End of Year
Payroll tax liabilities	\$ 17,134	\$ 10,097
Due to Cal Fire	6,268	4,548
Accrued paid leave	31,175	13,315
Deferred Revenue	3,466,613	3,533,177
Total	<u>\$ 3,521,190</u>	<u>\$ 3,561,137</u>

TAXABLE YEAR

2022

# Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name <b>LASSEN FIRE SAFE COUNCIL INC</b>	California corporation number <b>2462747</b>
---	---

**Part I Election To Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California .....	1	
2 Total cost of IRC Section 179 property placed in service .....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation .....	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
<b>(a) Description of property</b>		
<b>(b) Cost (business use only)</b>		
<b>(c) Elected cost</b>		
6		
7 Listed property (elected IRC Section 179 cost) .....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from prior taxable years .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						35,485	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....						15	35,485

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	35,485
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary) .....	18	

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g) .....						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....						22



**Indirect Depreciation**  
**Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information**

Description							
	<u>Date</u> <u>Acquired</u>	<u>Cost /</u> <u>Basis</u>	<u>Accum</u> <u>Depr</u>	<u>Method</u>	<u>Life /</u> <u>Rate</u>	<u>Current</u> <u>Depr</u>	<u>Add'l</u> <u>1st Year</u>
Lenovo 7i Gen 7 Intel	8/31/22	\$ 7,310	\$	S/L	5.00	\$ 1,218	\$
Sewer line replacement	7/18/22	34,816		S/L	40.00	798	
Office remodel	10/31/22	73,988		S/L	40.00	1,233	
2019 Morbark Eger Beaver	2/11/19	94,912	64,857	S/L	5.00	4,745	
Lenovo computer & accessories	2/11/19	3,012	2,058	S/L	5.00	603	
Lenovo Computer	4/20/20	5,075	2,199	S/L	5.00	1,015	
2020 Toyota Highlander	4/06/20	46,350	20,858	S/L	5.00	9,270	
Printer	4/08/20	2,201	990	S/L	5.00	441	
Office building in Susanville CA	8/17/20	105,513	5,774	S/L	40.00	2,637	
Fire radio	8/24/20	2,739	776	S/L	5.00	548	
24kw Generator	9/08/21	13,700	2,283	S/L	5.00	2,740	
CA Surveying	5/07/22	4,764	20	S/L	40.00	119	
MCP Tech Ent - server	3/30/22	5,142	257	S/L	5.00	1,029	
Safe	4/14/22	1,933	98	S/L	5.00	386	
Toyota truck	2/25/22	43,515	2,901	S/L	5.00	8,703	
<b>Total</b>		<u>\$ 444,970</u>	<u>\$ 103,071</u>			<u>\$ 35,485</u>	<u>\$ 0</u>

## CA Asset Report

FYE: 6/30/2023

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
<b>Other Depreciation:</b>								
1	2019 Morbark Eeger Beaver Sold/Scrapped: 9/29/22	2/11/19	94,912	94,912	64,857	4,745	4,745	0
2	Lenovo computer & accessories	2/11/19	3,012	3,012	2,058	603	603	0
3	Lenovo Computer	4/20/20	5,075	5,075	2,199	1,015	1,015	0
4	2020 Toyota Highlander	4/06/20	46,350	46,350	20,858	9,270	9,270	0
5	Printer	4/08/20	2,201	2,201	990	441	441	0
6	Office building in Susanville CA	8/17/20	105,513	105,513	5,774	2,637	2,637	0
7	Land for Office in Susanville CA	8/17/20	45,000	45,000	0	0	0	0
8	Fire radio	8/24/20	2,739	2,739	776	548	548	0
9	24kw Generator	9/08/21	13,700	13,700	2,283	2,740	2,740	0
10	CA Surveying	5/07/22	4,764	4,764	20	119	119	0
11	MCP Tech Ent - server	3/30/22	5,142	5,142	257	1,029	1,029	0
12	Safe	4/14/22	1,933	1,933	98	386	386	0
13	Toyota truck	2/25/22	43,515	43,515	2,901	8,703	8,703	0
14	Lenovo 7i Gen 7 Intel	8/31/22	7,310	7,310	0	1,218	1,218	0
15	Sewer line replacement	7/18/22	34,816	34,816	0	798	798	0
16	Office remodel	10/31/22	73,988	73,988	0	1,233	1,233	0
<b>Total Other Depreciation</b>			<u>489,970</u>	<u>489,970</u>	<u>103,071</u>	<u>35,485</u>	<u>35,485</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>489,970</u>	<u>489,970</u>	<u>103,071</u>	<u>35,485</u>	<u>35,485</u>	<u>0</u>
<b>Grand Totals</b>			489,970	489,970	103,071	35,485	35,485	0
<b>Less: Dispositions</b>			94,912	94,912	64,857	4,745	4,745	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>395,058</u>	<u>395,058</u>	<u>38,214</u>	<u>30,740</u>	<u>30,740</u>	<u>0</u>

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

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

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

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

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

<b>LASSEN FIRE SAFE COUNCIL INC</b> Name of Organization	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report
List all DBAs and names the organization uses or has used <b>1825 MAIN STREET</b>	State Charity Registration Number <u>121383</u>  Corporation or Organization No. <u>2462747</u>  Federal Employer ID No. <u>13-4209663</u>
Address (Number and Street) <b>SUSANVILLE CA 96130-4518</b>	
City or Town, State, and ZIP Code <b>530-250-4449</b>	
Telephone Number <b>RUTHMORENTZ@COMCAST.NET</b>	
E-mail Address	

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

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

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/22 ending 06/30/23) list:

Total Revenue \$ 7,647,727 (including noncash contributions) Noncash Contributions \$ 0 Total Assets \$ 7,400,679  
 Program Expenses \$ 6,927,645 Total Expenses \$ 7,519,575

**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? <span style="float: right;">STMT 1</span>	<b>X</b>	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<b>X</b>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		<b>X</b>
5. During this reporting period, did the organization receive any governmental funding? <span style="float: right;">STMT 2</span>	<b>X</b>	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		<b>X</b>
7. Does the organization conduct a vehicle donation program?		<b>X</b>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<b>X</b>

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

TAXPAYER'S COPY

RUTH MORENTZ

CHAIR

Signature of Authorized Agent

Printed Name

Title

Date

**Statement 1 - Form RRF-1, Part B, Line 1 - Financial Transactions**

Description

Thomas Esgate-Managing Director (former) is a director/employee in charge of project management.

Sue Cenotti (current) and Cathy Dirden (former) are employees for their role as Secretary/Treasurer

Contracts are approved by the Board of Directors when they approve the annual budget of the Council.

See contract copies attached.

Amounts paid to officers and directors for the 7/1/22-6/30/23 fiscal year were as follows:

- a. Thomas Esgate = \$50,750
- b. Sue Cenotti = \$30,152
- c. Cathy Dirden = \$2,459

**Statement 2 - Form RRF-1, Part B, Line 5 - Governmental Funding**Description

## Government Funding:

Sierra Nevada Conservancy  
11521 Blocker Drive, Suite 205  
Auburn, CA 95603  
Contact: Julie Alvis, Deputy Executive Officer  
(530) 823-4667

California Department of Forestry & Fire Protection  
6105 Airport Road  
Redding, CA 96002  
Contact: Eric Johnson-AGPA N.Region Grants  
(530)744-4780

Lassen County Board of Supervisors  
221 S Roop Street Suite 1  
Susanville, CA 96130  
Contact: Diana Wimple, Auditor  
(530)251-8236

USDA Forest Service  
101B Sun Ave NE  
Albuquerque, NM 87109  
Contact: Kristin Winford  
(530)927-9853

FEMA-CA Governor's Office of Emergency Services  
3650 Schriever Ave  
Mather, CA 95655  
Jocelyn Padilla-Grant Specialist  
(916)247-4164

Honey Lake Valley RCD  
170 Russell Ave, Ste C  
Susanville, CA 96130  
Andrea Stuemky  
(530)260-0067

## LASSEN FIRE SAFE COUNCIL'S EMPLOYMENT AGREEMENT FOR MANAGING DIRECTOR/PRINCIPAL GRANT WRITER

This Employment Agreement ("Agreement") is between Thomas W. Esgate ("Employee") whose mailing address is: P.O. Box 2093, El Prado, NM 87529 and Lassen Fire Safe Council, Inc. ("Employer"), a not-for-profit corporation in Susanville, California.

### RECITALS

- Employer is a not-for-profit corporation with a mission to preserve California's resources, both naturally occurring and human made, by mobilizing all Californians to make their homes, neighborhoods, and communities fire safe.
- Employer utilizes the combined expertise, resources, and distribution channels of its members to inform and work with public agencies and constituents to evaluate legislation pertaining to fire safety and empower grassroots organizations to spearhead fire safety programs locally, and develop Community Wildfire Protection Plans.
- Employer is engaged in a competitive and growing industry where the marketing, grant writing and bid proposal practices, and the development and cultivation of a grantor base, along with its specialized business practices constitute confidential proprietary and trade secret information that is of commercial value
- Employer has a proprietary interest in its grantor lists, the names, locations, contact information, grants, bids, contracts with potential and current vendors, among other valuable information, which Employer has developed through significant expense of time, resources, and specialized knowledge in the industry
- Employer's Confidential Proprietary Information is defined in Section 9 of this Agreement
- Employee warrants that he has the knowledge, skills, and experience to manage the operations for Employer and oversee the other employees in accordance with the terms and conditions of this Agreement and to perform the essential job functions summarized in Exhibit A (Managing Director/Principal Grant Writer Job Description) and B (Organizational Chart) and made a part hereof.
- Employer has decided to hire Employee as Managing Director/Principal Grant Writer based on his professional expertise and experience providing such services on behalf of not-for-profit organizations dedicated to public and community service
- Employee agrees to comply with the terms of this Agreement and its Exhibit A & B as a condition of his employment with Employer

The foregoing recitals are an integral part of this Agreement and are incorporated herein by reference.

In consideration of the promises and mutual covenants herein and for other good and valuable consideration, the parties hereby agree as follows:

1. **Employment Term.** Pending submission of valid DMV driving record and current driver's license and Global Entry paperwork documenting background check, Employee will commence employment on a full time, salaried/exempt basis as Managing Director/Principal Grant Writer effective January 1, 2022, ("Effective Date"). This Agreement shall be for an initial one-year term, unless terminated sooner under Section 9 of this Agreement. Thereafter, at the expiration date of this Agreement, it shall renew automatically for

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successive one-year terms on the same terms and conditions as set forth herein, including the termination provisions under Section 9 of this Agreement.

2. **Essential Job Functions.** Employee hereby accepts employment as Managing Director/Principal Grant Writer for Employer under the terms of this Agreement, and in such capacity, Employee shall report directly to the Board of Directors of Employer. During the term of this Agreement, Employee shall perform the essential job functions as outlined in Exhibit A, B & C to this Agreement and other duties as assigned by the Board of Directors of Employer to manage the employees and operations, and ensure the on-time and on-budget completion of projects. Employee's job duties may be modified by mutual agreement by Employee and Board of Directors in writing from time to time. Employee agrees to devote an average of forty (40) hours per week toward the performance of his duties. In the course of performing his duties, Employee shall observe and comply with Employer's policies as set forth in its Employee Handbook, as amended from time to time to ensure compliance with changes in applicable federal, state, and local laws.
3. **Avoidance of Any Conflicts of Interest.** Employee represents and warrants that there are no obligations, legal or otherwise, inconsistent with his obligations under this Agreement or with his ability to undertake the Managing Director/Principal Grant Writer position with Employer and perform the essential job functions as outlined in Exhibit A. Employee agrees to devote his best efforts to the performance of his job duties on behalf of Employer. Employee will not engage in any other business, profession, or occupation, whether for compensation or on a volunteer basis that would directly or indirectly conflict or interfere with his business judgment or the performance of his duties owed to Employer. Employee shall avoid any conflicts of interest and shall not allow any outside personal or business relationship to influence the exercise of his best business judgment when making decisions in the best interests of Employer. Employee agrees to promptly disclose any actual or perceived conflicts of interest to the LFSC Chair of the Board of Directors, who shall determine whether any transaction involving an actual or perceived conflict of interest may proceed.
4. **Employee Agrees Not To Provide Same or Similar Services To Employer's Competitors.** During the term of the employment relationship, Employee agrees not to be employed by or enter into contractual relationships with Employer's competitors in the same industry to perform the same or similar job duties or services to be performed by Employee hereunder. Employee agrees that the performance of any services to other businesses who are not the past, present, or prospective competitors of Employer in the same industry during the term of this Agreement shall not: 1) interfere with the performance of Employee's job duties hereunder; 2) require the use or disclosure of any Confidential Proprietary Information belonging to Employer or any of its customers; 3) violate any provision of this Agreement; or 4) violate any of Employer's policies or procedures including restrictions on the solicitation of Employer's customers or employees for the benefit of Employee or any third parties.
5. **Compliance with Employer's Policies.** Employee shall comply with Employer's policies and procedures, including restrictions on the disclosure or use of Employer's Confidential, Proprietary Information, and at all times securing such information from improper disclosure to third parties.
6. **Compliance with Laws.** During the term of the employment relationship, Employee shall comply with all local, state, and federal criminal and civil laws and regulations related to the performance of his duties hereunder.

7. **Compensation and Benefits.**

- A. **Base Salary.** Employee shall be paid on a salaried or exempt basis and shall receive an annual salary of TWO HUNDRED SIXTY-THREE THOUSAND EIGHT HUNDRED NINETY-NINE Dollars (\$263,899) payable in equal bi-weekly installments in accordance with Employer's payroll schedule.
- B. **Reimbursement for Reasonable Business Expenses.** Employee shall be reimbursed for reasonable business expenses incurred in the performance of his duties under this Agreement pursuant to Employer's general policies for pre-approved business expenses. Employee shall submit and retain copies of itemized expense reports, together with supporting receipts for all business expenses before reimbursement can be approved.
1. **Mileage.** Employee shall receive reimbursement for the use of his personal vehicle for work-related purposes at the applicable IRS rates in effect. Employee's duty station is Susanville CA. From time-to-time Employee shall be allowed to work from his residence in New Mexico, his second home in Penn Valley, California, and other alternate locations when necessary. When Employee chooses to work from other work locations as specified below in section B.2., Employee represents that all mileage reimbursement for travel to work sites will be calculated from those alternate work locations to work sites and will be billable as an allowable expense to a specific grant or grants.
  2. **Travel Expenses.** From time-to-time Employee shall be allowed to work from his residence in New Mexico, his second home in Penn Valley, California, and other alternate locations when necessary. Travel expenses to or from Penn Valley, New Mexico, or these other alternate locations will not be reimbursable and be born solely by Employee. Other travel expenses will be reimbursed when authorized by Employer.
- C. **Equipment Provided For Business and Not Personal Use.** Employer will provide Employee with the existing company owned vehicle, laptop computer and mobile phone to be used solely for the purposes of the performance of job duties and for all verbal and written communications (including emails and text messages sent and received) and all documentation related to services provided on behalf of Employer to Employer's clients, in accordance with Employer policies and guidelines (including those that prohibit downloading harmful software or sending offensive content to others). Employee must use his own personal devices, mobile phone(s), computers, and laptops for any other purpose.
- D. **Paid Sick Leave.** Employee will be entitled to the full amount of paid sick leave under Employer's paid sick leave policy consistent with the requirements under CA law.
- E. **Paid Vacation.** Twenty days of vacation will be accrued and available as a "lump sum" upon the date of employment (January 1, 2022) and on the first pay period of each subsequent year employment agreement is in effect. Employee agrees to use the twenty days within that calendar year. Employee will not accrue vacation time per pay period as per the LFSC Employee Handbook. Employee must notify the Board of Directors at least two weeks in advance of any planned vacation time off, which can be taken at times that do not interfere with Employer's business operations, work deadlines, or achievement of project work.



F. **Health and Dental Insurance.** Employee shall be eligible for health and dental insurance benefits consistent with those offered by LFSC.

G. **Retirement Plan Benefits.** Employee shall be eligible to participate in Employer's retirement plan, for employees, once established, subject to the terms, conditions, and eligibility criteria for participation in the plan as a full-time employee.

8. **Performance.** Monthly meetings for the first four months, then Quarterly meetings with Personnel/Finance Committee to develop policies and procedures and job descriptions, recruitment of staff, assess current status of personnel issues, effectiveness of transition to new decentralized organizational structure of both operations and finance, and detailed discussions of existing grants, potential grants, and budgeting.

## 9. **Termination of Agreement**

A. **Termination Without Cause.** Either party may terminate this Agreement at any time without a showing of good cause by providing ninety (90) calendar days' written notice to the other party. During the 90-day notice period preceding the termination of this Agreement, Employee agrees to continue to perform his essential job functions until the end of the 90-day notice period, unless instructed otherwise by the Chair of the LFSC Board of Directors. The termination of Employee's employment shall become effective ninety (90) days from the date of such notice and Employee shall receive his wages, any outstanding approved expenses, and any accrued paid vacation through his termination date. Thereafter, Employee shall not be entitled to any additional compensation in the form of wages, expenses, or any benefits.

B. **Termination For Cause.** Notwithstanding any other provision of this Agreement, Employer may immediately, without any prior notice, terminate this Agreement and Employee's employment for cause under the following circumstances:

- 1) Employee violates any provision of this Agreement
- 2) Employee performs services in a negligent, reckless, or careless manner, or his work product is below the standards for his industry or profession
- 3) Employee fails to satisfactorily perform his essential job functions due to negligence or dereliction of duties which has a material adverse effect on Employer
- 4) Employee refuses to adhere to project guidelines, follow directions or instructions from Employer's management team
- 5) Employee engages in conduct that violates any federal, state, or local criminal or civil laws
- 6) Employee engages in any conduct in violation of Employer's policies and standards of conduct, including but not limited to safety rules and procedures, fraud, embezzlement, stealing, dishonesty, falsification of documentation and records submitted for payment, intentionally destroying Employer's computers or equipment, workplace violence, or discrimination against or harassment of any of Employer's employees, contractors, vendors, or third parties
- 7) Employee refuses to enforce Employer's policies with other employees and contractors
- 8) Employee is convicted of a criminal act in violation of local, state, or federal laws, regardless of the penalty imposed, other than minor traffic violation
- 9) Employee improperly uses or discloses any Confidential, Proprietary Information belonging to Employer, or third parties

- 10) Employee solicits any employees of Employer to leave their employment to work for a competitor of Employer
- 11) Employee engages in conduct that has a material adverse effect on the business interests or reputation of Employer or its officers, directors, employees, vendors, suppliers, or Employees
- 12) Employee engages in any activity or conduct that interferes with Employer's existing or prospective business relationships with contractors, vendors, or suppliers
- 13) Employee engages in self-employment or concurrent employment with another employer that creates a conflict of interest or adversely impacts Employer's business interests

If Employee is terminated for cause, Employee shall receive his wages and accrued paid vacation through the date of termination, along with reimbursement of any reasonable and necessary business expenses incurred by Employee conditioned on Employee's submission of receipts and an expense report. Employer shall have no further obligation to compensate Employee and Employee shall have no further rights to any wages or benefits, apart from any accrued but unused vacation and reimbursement of approved business expenses, which must be submitted on the date of termination for approval, processing, and payment.

**D. Death and Disability of Employee.** In the event of the death or disability of Employee rendering him no longer able to competently perform his essential job functions, even with reasonable accommodations, Employer shall have the right to immediately terminate this Agreement and the employment relationship. Thereafter, Employer shall have no further obligation to compensate Employee and Employee shall have no further rights to any wages or benefits, apart from the payout of any accrued but unused vacation, reimbursement of approved business expenses, and the continuation of any disability insurance or workers compensation insurance benefits to the extent that Employee remains eligible for the continuation of these benefits as determined by each insurance carrier.

**10. Confidential Proprietary Information.** Employee understands and agrees that Employee's obligations under this Section shall be ongoing and continue to remain in effect even after the termination of his employment with Employer, regardless of the reasons for termination, whether voluntary or involuntary on Employee's part.

**A. Definition of Confidential Proprietary Information.** Employee understands and agrees that the protection of confidential, proprietary information pertaining to employees, clients, members, business, and operations is vital to the interests and success of Employer, and therefore constitutes one of their most vital business assets. Employer's Confidential, Proprietary Information includes, without limitation, all of the following materials and information, whether or not reduced to writing and whether or not patentable or protected by copyright: grant documents and related grant contracts and/or agreements, competitors, vendors, suppliers, costs, profits, computer records, financial data, pricing policies, marketing, grant writing, bid proposals, business and fundraising plans, strategic business plans, forecasts, method of operations, research and proposals, software developed or customized by Employer or Employee to store and sort client, marketing, business or financial information and any other information that is not generally known to the public and has commercial value in the business in which Employer is engaged (all such information being collectively referred to herein as

“Confidential, Proprietary Information”). This Confidential Proprietary Information remains at all times the property of Employer.

Employer recognizes that Employee has operated as an independent contractor, serving LFSC and others, prior to his employment by Employer and has knowledge, skills, practices, and contacts that are not exclusive to LFSC. Employee recognizes that he has contracted with LFSC since 2007 to work full time as Executive Director of LFSC and has been paid to create work product, to develop a contractor work force, to acquire grants and manage grant projects for LFSC. All documents created for or paid for by LFSC remain their sole property, recognizing that some documentation is in the public domain. Both parties have the right to contract with vendors who have worked on LFSC grant projects.

**B. Agreement Not To Use or Disclose Confidential, Proprietary Information Belonging to Employer For Any Purpose Other Than The Performance of Work on Behalf of Employer.**

Employee understands that employment with Employer creates a relationship of confidence and trust between Employee and Employer with respect to such information. Employee will not, during or after the term of employment with Employer, download, copy, or reproduce in any form or in any manner any Confidential, Proprietary Information belonging to Employer, for any reason, except as necessary for the performance of Employee's job duties and with the prior written permission by Employer. Employer will provide Employee with a laptop computer and cell phone to ensure that all written, verbal, and text communications related to Employee's job duties and Employer's Confidential, Proprietary, and Trade Secret Information is not improperly shared or disclosed by Employee to any third parties. Except as necessary for the performance of his job duties, Employee agrees not to use, modify, disclose, share, or reproduce, directly or indirectly, either for Employee's own or a third party's benefit, any Confidential, Proprietary Information belonging to Employer or its customers, even if such information is not reduced to writing and or subject to protection by copyright laws. This includes without limitation, contact information of its clients, the Employer's and its customers' respective employees, financial and marketing information, business development plans, and any other information that is not generally known to the public and has commercial value in the business in which Employer is engaged.

Employee agrees not to induce or assist others to disclose any Confidential, Proprietary Information belonging to Employer or its customers.

Even after the termination of the employment relationship, Employee must safeguard the confidentiality of Employer's Confidential, Proprietary Information and must not provide such information to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly, or indirectly, without Employer's written consent.

Employer recognizes that Employee has operated as an independent contractor, serving LFSC and others, prior to his employment by Employer and has knowledge, skills, practices, and contacts that are not exclusive to LFSC. Employee recognizes that he has contracted with LFSC since 2007 to work full time as Executive Director of LFSC and has been paid to create work product, to develop a contractor work force, to acquire grants and manage grant projects for LFSC. All documents created for or paid for by LFSC remain their sole property, recognizing that some documentation is in the public domain. Both parties have the right to contract with vendors who have worked on LFSC grant

projects.

- C. **Company Materials.** Employee understands that Employer has expended considerable resources, time, and energy to develop its own "Company Materials," which are essential to the operation of its business. For purposes of this Agreement, "Company Materials" are contained in paper documents or other media or tangible items that contain Employer's Confidential, Proprietary Information or any other information concerning the business, operations or plans of Employer, regardless of whether such documents were prepared by Employee or by others. "Company Materials" include, but are not limited to, notes, notebooks, drawings, vendor lists, charts, graphs, computer disks, tapes, external or internal computer hard drives, flash drives, printouts, recordings, and other printed, typewritten, or handwritten documents, as well as samples, prototypes, products and other Confidential Proprietary and Trade Secret Information belonging to Employer. All Company Materials shall be the sole and exclusive property of Employer. Employee agrees that during the term of employment with Employer, Employee will not download, copy, or remove any Company Materials from the business premises of Employer or share or deliver any Company Materials to any person or entity outside of Employer, unless instructed to do so by the Vice President or President of Employer. Employee further agrees that immediately upon the termination of employment for any reason, or during the term of employment if requested by Employer, Employee will return to Employer all Company Materials, equipment, tools, supplies, physical property, or reproductions of Company Materials, except for Employee's personal copies of Employee's own personnel and pay records, and a copy of this Agreement.

Employer recognizes that Employee has operated as an independent contractor, serving LFSC and others, prior to his employment by Employer and has knowledge, skills, practices, and contacts that are not exclusive to LFSC. Employee recognizes that he has contracted with LFSC since 2007 to work full time as Executive Director of LFSC and has been paid to create work product, to develop a contractor work force, to acquire grants and manage grant projects for LFSC. All documents created for or paid for by LFSC remain their sole property, recognizing that some documentation is in the public domain. Both parties have the right to contract with vendors who have worked on LFSC grant projects.

- D. **Ownership of Work Product.** All deliverables, ideas, inventions, improvements, methods, processes, works of authorship and other forms of intellectual property that the Employee conceives, reduces to practice or develops during the term of the Agreement, alone or in conjunction with others in connection with Employee's performance of job duties hereunder, including designs, data, software code, ideas, inventions, know-how, materials, marks, methods, procedures, tools, interfaces, and other forms of technology (collectively, the "Work Product"), will be the sole and exclusive property of the Employer. If Employee assists Employer in the development of any customized content, materials, or software applications for Employer, Employee agrees that any rights, title, and ownership in such Work Product, including, without limitation, all copyrights, trademarks, and other intellectual property rights in and to such work product shall belong exclusively to Employer. Employee represents, warrants, and covenants that (a) neither the Work Product nor Employee's performance of his job duties will infringe or misappropriate any intellectual property right of any person or entity; (b) Employee has not and will not grant any right or interest in the Work Product to any person or entity other than the Employer; (c) the Work Product is not subject to any lien, encumbrance, or other restriction on its transfer; (d) Employee has the full power and authority to enter into this Agreement; and

(e) Employee has obtained and will obtain any and all assignments necessary to satisfy its obligations under this Agreement to transfer ownership title to Work Product to Employer.

Any and all elements of the Work Product that are works of authorship eligible to be "works made for hire" under the U.S. Copyright Act shall be considered works made for hire with Employer as "author." Employee hereby irrevocably assigns all right, title, and ownership interest worldwide in and to the Work Product and all intellectual property rights therein to Employer.

Employee shall cooperate with and assist Employer, both during and after the term of this Agreement, including executing and delivering to Employer any and all documents deemed necessary by the Employer in its sole discretion to perfect, maintain, protect, and enforce Employer's ownership rights in the Work Product. Employee shall promptly deliver all copyright, trademark, and patent assignments with respect to the Work Product upon Employer's request.

Employer recognizes that Employee has operated as an independent contractor, serving LFSC and others, prior to his employment by Employer and has knowledge, skills, practices, and contacts that are not exclusive to LFSC. Employee recognizes that he has contracted with LFSC since 2007 to work full time as Executive Director of LFSC and has been paid to create work product, to develop a contractor work force, to acquire grants and manage grant projects for LFSC. All documents created for or paid for by LFSC remain their sole property, recognizing that some documentation is in the public domain. Both parties have the right to contract with vendors who have worked on LFSC grant projects.

- E. Return of Employer Property.** All records in whatsoever medium recorded, and any and all copies thereof, relating in any way to Employer's Confidential Proprietary Information, which Employee may prepare, use, or come in contact with during the term of this Agreement, shall remain the sole and exclusive property of Employer. Employee must not remove any company property from the premises without express permission from Employer, and must return all property, upon Employer's request or termination of this Agreement, for whatever reason, including, but not limited to, any Confidential, Proprietary and Trade Secret Information as defined above, including computers, equipment, and passwords, and any other items of value, whether stored on personal computers, tablets, mobile phones, or other handheld electronic devices, or in hard copy at a location other than Employer's or Employee's offices or business locations.
- F. No Solicitation of Employees.** Employee agrees that he shall not directly or indirectly using any of Employer's Confidential Proprietary Information to persuade, solicit, entice, or induce any employee to terminate their employment with Employer for Employee's own or a third party's benefit. At no time after the termination of this Agreement, for whatever reason, will Employee be permitted to obtain or misappropriate any of Employer's Confidential, Proprietary Information from any current or former Employer employees or contractors.
- G. Monetary Damages, Attorneys' Fees, Equitable Remedies, and Injunctive Relief.** In the event that Employee breaches any of the covenants set forth in Section 9 of this Agreement, Employee understands and agrees that Employer may suffer irreparable

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harm and have no adequate remedy at law. In such event, Employer shall be entitled to seek monetary damages, litigation costs, court filing fees, and attorneys' fees. In addition to any and all other available remedies, including without limitation to the foregoing, Employer shall be entitled to seek immediate injunctive relief, specific performance, and other equitable remedies, without proof of monetary damages or the inadequacy of other remedies or having to await the outcome of any alternative dispute resolution process.

11. **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of California.
12. **Venue and Jurisdiction.** All actions and proceedings arising in connection with this Agreement must be tried and litigated exclusively in the state and federal courts located in the City of Sacramento or Sacramento County, California, which the parties agree that such courts have personal jurisdiction and venue over the parties for the purpose of adjudicating all matters arising out of or related to the employment relationship between the parties and as defined under this Agreement.
13. **Attorneys' Fees.** If any legal action is required to enforce the terms of this Agreement, the prevailing party shall be entitled to its reasonable costs of enforcement, including without limitation, reasonable attorneys' fees.
14. **Entire Agreement.** This Agreement, together with its Exhibit A, contain the entire agreement and understanding between the parties and supersedes any prior or contemporaneous written or oral understandings, agreements, representations, and warranties between them with respect to the subject matter of this Agreement and its Exhibit A, B, & C.
15. **Amendment.** The terms and conditions set forth in this Employment Agreement cannot be amended or modified, except in writing and signed by the Employee and Employer's President.
16. **Interpretation.** This Agreement shall be construed and interpreted according to its plain meaning of its terms and not strictly for or against the Employee or Employer. The headings and captions of this Agreement are provided for reference purposes only and are intended to have no effect in construing or interpreting this Agreement.
17. **No Waiver.** The failure of a party to insist upon strict adherence to any term of this Agreement shall not be considered a waiver of such party's rights or deprive such party of the right thereafter to insist upon strict adherence to that term or any other term of this Agreement.
18. **Severability.** If any portion of this Agreement is determined to be invalid or unenforceable for any reason, such determination shall in no way affect the enforceability of other portions of the Agreement, which shall remain in full force and effect. To the extent that a court or other body construing this Agreement may render it enforceable by modifying any such provision declared or determined to be illegal or invalid, the parties intend that the court or other body shall do so, provided that such modification continues to preserve the intent of the parties and continues to protect Employer's legitimate business interests as set forth herein. Notwithstanding the foregoing, Employee acknowledges and agrees that the provisions of this Agreement are reasonable.

**19. Successors; Binding Agreement.** This Agreement shall inure to the benefit of and be binding upon the parties' respective personal or legal representatives, executors, administrators, successors, and heirs.

**20. Opportunity to Consult with Legal Counsel and Knowing and Voluntary Agreement.** Employee hereby represents that (i) he is freely and voluntarily entering into this Agreement, based on his own judgment and not as a result of any representations or promises made by Employer other than those contained in this Agreement; (ii) he has been provided with sufficient opportunity to consult with an attorney of his own choosing before signing this Agreement; (iii) he has read and understands the terms of this Agreement and is fully aware of their legal effect; and (iv) the execution of this Agreement by Employee and the performance by Employee of his duties hereunder shall not constitute a breach of, or otherwise contravene, the terms of any employment agreement or other agreement to which Employee is a party or otherwise bound.

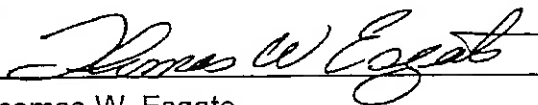
**21. Notices.** Each party authorizes and accepts service of process in any action against it as contemplated by this paragraph by registered or certified mail, return receipt requested, postage prepaid, to such party at their respective addresses as provided below their signatures affixed to this Agreement. Notices provided for in this Agreement shall be in writing and shall be deemed to have been duly given and effective (a) on the date of delivery, if delivered by hand or in person, (b) on the date of transmission, if delivered by confirmed facsimile or electronic mail, (c) on the first business day following the date of deposit, if delivered by guaranteed overnight delivery service, or (d) on the fifth business day following the date delivered or mailed by United States registered or certified mail, return receipt requested, postage prepaid to Employee's residence as noted below, or to the Employer's address as noted below.

**22. Counterparts.** This Agreement may be executed in counterparts and each counterpart, when executed, shall have the legal effect of a second original. Photographic or facsimile copies of any such signed counterparts may be used in lieu of the original for any purpose. The Parties mutually agree that electronic signature technology may be used to expedite the execution of this Agreement, pursuant to California Civil Code Section 1633.7 and such electronic signatures will be enforceable as if original.

**By affixing their signatures below, the parties acknowledge that they have each read and agree to each of the foregoing terms of this Agreement.**

**By Employee**

Signed: \_\_\_\_\_



Print Name: Thomas W. Esgate

Address: P.O. Box 2093

El Prado, NM 87529

Telephone: 530-310-0146

Email: tom.esgate@gmail.com

Date: December 1, 2021

**Approved on Behalf of Employer**

**Lassen Fire Safe Council, Inc**

Signed: \_\_\_\_\_

Print Name: Lloyd Keefer

Address: 1825 Main Street

P.O. Box 816

Susanville, CA 96130

Telephone: 530-310-2939

Email: carolkeefer@yahoo.com

Date: December 1, 2021



## NOTICE TO EMPLOYEE

Labor Code section 2810.5

### EMPLOYEE

Employee Name: Sue Cenotti

Start Date: 06/22/2022

### EMPLOYER

Legal Name of Hiring Employer: Lassen Fire Safe Council, Inc.

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])?  Yes  No

Other Names Hiring Employer is "doing business as" (if applicable):  
\_\_\_\_\_

Physical Address of Hiring Employer's Main Office:

1825 Main St Susanville CA 96130

Hiring Employer's Mailing Address (if different than above):

PO BOX 816 Susanville CA 96130

Hiring Employer's Telephone Number: 530-250-4449

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### WAGE INFORMATION

Rate(s) of Pay: \$35.00

Overtime Rate(s) of Pay: \_\_\_\_\_

Rate by (check box):  Hour  Shift  Day  Week  Salary  Piece rate  Commission

Other (provide specifics): \_\_\_\_\_

Does a written agreement exist providing the rate(s) of pay? (check box)  Yes  No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement?  Yes  No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):  
\_\_\_\_\_

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: bi-weekly on a Wednesday

## WORKERS' COMPENSATION

Insurance Carrier's Name: State Compensation Insurance Fund

Address: State Fund P.O. Box 3171 Suisun City, CA 94585; <https://www.statefundca.com/>

Telephone Number: 1-888-782-8338

Policy No.: 9124344-2022

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: \_\_\_\_\_

## PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
  1. requesting or using accrued sick days;
  2. attempting to exercise the right to use accrued paid sick days;
  3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
  4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: *(Check one box)*

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT

Ruth Morentz

(PRINT NAME of Employer representative)

Susan Cenotti

(PRINT NAME of Employee)

\_\_\_\_\_  
(SIGNATURE of Employer Representative)

\_\_\_\_\_  
(SIGNATURE of Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.