Form **990** 

# Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

2021

Dep: Inter	artment of th mal Revenue	ne Treasury e Service	<ul> <li>Do not en</li> <li>Go to www</li> </ul>	ter social security numbers of irs.gov/Form990 for instru	on this form as it ctions and the	may be made e latest info	e public. Drmation.		Inspection				
A			ar year, or tax year begin			and ending		, 2	0				
B	Check if ap		C		,,				ation number				
	X Addres	·	CENTRAL VENTURA	COUNTY FIRE SAF	E COUNCII	J	27-1	.5275	59				
		change	INC.			_		E Telephone number					
	Initial		5156 MCGRATH ST.				805-	805-746-7365					
	Final ret	turn/terminated	VENTURA, CA 9300	3									
	Ameno	ded return					G Gross re	ceipts \$	375,792.				
	Applic	ation pending	F Name and address of principal	officer: JILL SANTO	S	Н	(a) Is this a group return	for subor					
			SAME AS C ABOVE	UILL DIMIO	0	н	(b) Are all subordinates If "No," attach a list.	included?	Yes No				
Ι	Tax-exer		X 501(c)(3) 501(c) (	)◀ (insert no.)	4947(a)(1) or	527	II NO, ALLACITA IISL.	See Instru	ICTIONS.				
J	Websi	te:► IS	WWW.VENTURAFIRES	SAFE.ORG		н	(c) Group exemption nu	mber 🕨					
κ	Form of	organization:	X Corporation Trust	Association Other ►	L Ye	ear of formation	n: 2009 MIs	tate of lega	al domicile: CA				
Pa		Summary											
			e the organization's missi										
e	<u>C</u> (		IRE SAFE COUNCIL										
an(			GHBORHOODS AND		THROUGH	AN AGGE	RESSIVE PROG	RAM C	<u>F_ACTION,</u>				
/err		eck this box	AND COLLABORAT	n discontinued its opera	tions or dispos								
Governance	2 Ch 3 Nu		ing members of the gover					3	8				
~ð			ependent voting members					4	8				
Activities	<b>5</b> To		of individuals employed in	-				5	6				
žİ	6 To		of volunteers (estimate if	57				6	0				
Ă			d business revenue from F					7a	0.				
	DINE		business taxable income	ITOITI FOITIT 990-1, Part 1	, IIIIe 11		Prior Year	7b	0. Current Year				
	<b>8</b> Co	ontributions :	and grants (Part VIII, line	1h)				64	366,269.				
IUe			ce revenue (Part VIII, line		/-		9,523.						
Revenue		-	come (Part VIII, column (A	_/·	20.	57525.							
щ	<b>11</b> Ot	her revenue	(Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, a	nd 11e)								
			- add lines 8 through 11				151,7	84.	375,792.				
			nilar amounts paid (Part I		-								
		•	to or for members (Part I)										
S	<b>15</b> Sa		r compensation, employee	-		-	79,8	98.	187,057.				
Expenses	<b>16a</b> Pr	ofessional fi	undraising fees (Part IX, o	column (A), line 11e)									
xpe	<b>b</b> To	tal fundraisi	ng expenses (Part IX, col	umn (D), line 25) 🕨	17	7,479.							
ш	17 Ot	her expense	es (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			63,2	51.	86,806.				
	<b>18</b> To	tal expense	s. Add lines 13-17 (must e	equal Part IX, column (A	A), line 25)		143,1	49.	273,863.				
	<b>19</b> Re	evenue less	expenses. Subtract line 1	8 from line 12			8,6	35.	101,929.				
s or							Beginning of Current		End of Year				
Net Assets Fund Balanc	20 To		Part X, line 16)				43,5	09.	189,521.				
et As	<b>21</b> To		(Part X, line 26)					57.	44,840.				
-			fund balances. Subtract li	ne 21 from line 20			42,7	52.	144,681.				
		Signature											
Und	er penalties plete. Decla	of perjury, I dec ration of prepare	clare that I have examined this return er (other than officer) is based on a	irn, including accompanying sch all information of which prepare	edules and stateme r has any knowledg	ents, and to the ge.	e best of my knowledge	and belief,	it is true, correct, and				
Sig	an	Signature	e of officer				Date						
He	ere	JILL	SANTOS				EXECUTIVE D	IRECI	ľOR				
			print name and title										
		Print/Type pr	eparer's name	Preparer's signature		Date	Check	if PT					
Ра	id	MICHAE	L FARRELL	MICHAEL FARREL	L		self-employe	d P	01070806				
Pr	eparer	Firm's name		LL & MCCOY, LLP									
Us	e Only	Firm's addres							L222587				
				A 93010									
_	-		s return with the preparer						X Yes No				
BA	A For Pa	aperwork Re	eduction Act Notice, see t	he separate instruction	s.	TEEA	0101L 09/22/21		Form <b>990</b> (2021)				

					RE SAFE COUNCI	IL	27-1	.527559	Page <b>2</b>
Par				rvice Accomp	<b>plishments</b> e to any line in this F	Part III			X
1	Briefly describe								
					COUNTY FIRE				
					AN NEIGHBORHO		RASTRUCTURE,	THROUGH	<u>AN</u>
	AGGRESSIV	E PROGRA	AM OF AC	TION, EDUCA	ATION AND COL	LABORATION.			
2	Did the organiza	tion undertak	e any signific	ant program serv	rices during the year w	hich were not listed	on the prior		
	Form 990 or 99							Yes	s X No
2	If "Yes," describ				ant changes in how	it conducts any pr	ogram services?	🗌 Yes	s X No
5	If "Yes," describ				ant changes in now	it conducts, any pr			
4	Describe the or	ganization's	program se	rvice accomplist	ments for each of its	s three largest proc	gram services, as	measured by	/ expenses.
	and revenue, if	(3) and 501( any, for eac	c)(4) organiz ch program s	zations are requi service reported.	red to report the amo	ount of grants and	allocations to othe	ers, the total	expenses,
4 a	(Code:		nses \$	212,680.	including grants of	\$	) (Revenue	\$	9,523.)
	<u>SEE_SCHED</u> U	<u>JLE 0</u>							
4	(Code:	) (Expe	nses Ś		including grants of	Ś	) (Revenue	Ś	
41			1565 ¥			Ψ		Υ	)
4 c	: (Code:	) (Expe	nses \$		including grants of	\$	) (Revenue	\$	)
					· 				
								- <b>-</b>	
4 c	Other program		escribe on S		to of t		ionuo é		<b>`</b>
1.	(Expenses : Total program :	\$ service expe		including gran		) (Rev	renue \$		)
4 6		service expe		212	<u>,680.</u>			For	rm <b>990</b> (2021)

		CENTRAL			FIRE	SAFE	COUNCIL
Part IV	Check	klist of Red	quired Sch	nedules			

			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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.	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		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.	11 a	Х	
I	<b>b</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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
(	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	11 c		Х
(	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.	11 d		Х
(	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
I	• 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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	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	14b		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
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	16		Х
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? <i>If 'Yes,' complete Schedule G, Part I</i> . See instructions	17		Х
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.	18		Х
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.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х

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Forr	n 990		27-1527559	)	P	age 4
Pa	rt IV	Checklist of Required Schedules (continued)				
					Yes	No
22	Did t colur	he organization report more than \$5,000 of grants or other assistance to or for domestic individuals o nn (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	n Part IX,	22		Х
23	and f	he organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's o former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete adule J.		23		Х
24 ;	the la	he organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a: ast day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d olete Schedule K. If 'No, 'go to line 25a	and	24a		х
I	<b>b</b> Did t	he organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
(	c Did tl any f	he organization maintain an escrow account other than a refunding escrow at any time during the year to defe tax-exempt bonds?	ase	24c		
	<b>d</b> Did t	, he organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? $\ldots$ .		24d		
25 a	a Sect trans	ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benef saction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	ït 	25a		Х
I	that t	e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' compl edule L, Part I	, and ete	25b		Х
26	form	he organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cu er officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlle mily member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	ed entity	26		Х
27	empl merr	he organization provide a grant or other assistance to any current or former officer, director, trustee, loyee, creator or founder, substantial contributor or employee thereof, a grant selection committee uber, or to a 35% controlled entity (including an employee thereof) or family member of any of these ons? If 'Yes,' complete Schedule L, Part III.	кеу	27		Х
28	Was instri	the organization a party to a business transaction with one of the following parties (see the Schedule L, Part uctions for applicable filing thresholds, conditions, and exceptions):	IV,			
i		rrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ,' complete Schedule L, Part IV		28a	Х	
I	<b>b</b> A far	mily member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV		28b		Х
	c A 35 com	% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Ye plete Schedule L, Part IV.	≥s,'	28c		Х
29		he organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		29		Х
30		he organization receive contributions of art, historical treasures, or other similar assets, or qualified c ributions? If 'Yes,' complete Schedule M		30		Х
31		he organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N		31		Х
32	Did tl	he organization sell, exchange, dispose of or transfer more than 25% of its net assets? If 'Yes' complete	l l l l l l l l l l l l l l l l l l l			

32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32				
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	33				
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.	34				
35 a	35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?					
ł	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	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36				

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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance
	Note: All Form 990 filers are required to complete Schedule O.
	Du the organization complete Schedule O and provide explanations on Schedule O for Fart VI, intes i to and 19?

Check if Schedule O contains a response or note to any line in this Part V				[
			Yes	-
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1 b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable gaming			
(gambling) winnings to prize winners?		1c	: X	
<b>BAA</b> TEEA0104L 09/22/21		Forr	n <b>990</b>	(20

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Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)           2 a Einer the number of employees reported on Form W.3, Transmitted or Wage and Tax State         2a         6           b If a teast one is reported on Ine 2a, dd the organization file all regulated federal employment tax returns?         2b X           3 a Dit the organization notes as granter han 230, you may be regulated be effe. See instructors.         3a         X           3 How the organization have unrelated business gross income of \$1,000 or more during the year?         3a         X           4 A ray time during the calendar year, dd the organization have an interest in, or a signature or other subloty over, a innocol scientaria for the CCF horm 114, Report Of Freezin Bank and Frannical Accounts (PBAP).         5a         X           5 Was the organization nave and was or is a part bus as organization as the sine during the lax year?         5a         X           5 Was the organization in the grant organization in the son is a part bus as organization accounts scientaria         5a         X           5 Was the organization integer and was or is a part bus account, scientaria         5a         X         5a         X           5 Was the organization integer and was or is a part bus account, scientaria         5a         X         5a         X           5 How signation and part bus account, scientaria         5a         X         5a         X         5a         X	Form	n <b>990 (2021)</b>	CENTRAL	VENTUR	A COUN	NTY FI	RE SAFE	E COUNCIL			27-152755	9	P	age 5
2 = Cart the number of employees reported on Form W.G. Transmitted Mage and Tax State.       2a       6         bit at least one is reported on line 2a, dd the organization the all request defeat a employment tax returns?       2b       X         3 = Did the organization have unrelated bismess gross income of \$1,000 or more during the year?       3a       X       X         4 = All any free during the calculate year, db the organization have an indirect in rescal in, or a signification of the organization have an indirect in rescal in, or a signification of the organization for the indirect in rescal in, or a signification of the organization have an indirect in rescal in, or a signification of the organization have an indirect in rescal in resc	Par	tV St	atements	Regardir	g Othe	er IRS Fi	ilings an	d Tax Com	pliance (co	ontinued)				
ments, field for the caleholdr year ending with or within the year covered by this return	-	•											Yes	No
Note: If the sum of lines 1s and 2s lis greater than 250, you may be required to effe. See instructions.         Image: Control of the construction of the sum of the sum of the system of the construction.         Image: Control of the construction of the construction of the construction.         Image: Construction of the construction of the construction of the construction.         Image: Construction of the construction.         Image: Construction of the construction	2 a	Enter the nur ments, filed f	mber of empl for the calend	oyees repo lar year en	rted on F ding with	Form W-3 or within	, Transmit the year o	tal of Wage a covered by th	nd Tax State- is return	2 a	6			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         bit "twis, the list als mm 80 for this war? W with his are it with the main all the interest in or a signature or other suboitly ever, a financial account?       3b       X         bit "twis, ender the name al the foreign country-       3b       X       X       X         See instructions for thing requirements for Financial account?, securities account, securities account, or other suboitly ever, a financial account?       X       X         See instructions for thing requirements for Financial account?, securities account, securities account, even and the organization that it was or is a party to a prohibited tax shelter transaction?       See X         c) If Yes, i on the organization in buck were not and double contributions and the accounts?       See X         c) If Yes, i on the organization include with were not and double contributions and party is a prohibited tax shelter transaction?       See X         b) If Yes, i did the organization mobile the ever solicitation and party is a contribution and party if propods and       See X         b) Dit were account account of Foreign See Accounts (TAGA)       See X         b) Dit were account acco	Ł	If at least one	e is reported	on line 2a,	did the	organizati	on file all	required fede	ral employme	nt tax return	s?	2 b	Х	
b If Yes, 's that filled a Fam 80.7 for this year? If Wo' b like 3b, provide an explanation or Sobedie 0.       3b         4a At any time during the calendar year, dif the organization have an inferest in or a signiture or other authority over, a time of the foreign country 'set', and is barch accountry, or other than and accountry.       4a         b If Yes,' enter the name of the foreign country 'set', as barch accountry, or other than analy control to a provibute tax shells that securities accounts (FBAP).       5a         5a Was the organization a party to a prohibited tax shells that transaction at any time during the tax year?       5a         5a Was the organization have ennual gross receives that are normally greater than \$100,000, and did the organization for the annual gross receives statement that such contributions on gifts were on this deductible as the very solicitation an express statement that such contributions on gifts were on this deductible.       6b         7 Organization have ennual gross receives provided?       7b       7c         8 Uf Yes,' id the organization name, or the value of the goods or services provided?       7b         9 Uf Yes,' did the organization name, or the value of the goods or services provided?       7c       X         10 Wes,' did the organization have an express statement that such contributions on gifts were on this deductible as onthibutions did stops et angling bersonal property for which it was required to file       7c       X         11 Yes,' id did the organization have an such state of the goods or services provided?       7c       X         12 Wes				-		-	-							
4 At any time during the calendary year, dif the organization have an interest in, or a signature or other subtrive year, at any time country security is account, or other financial account)?       4 a       X         bit "Yes," enter the name of the foreign country*       5 a       X         See instructions for filing requirements for Fince(Fince)       5 a       X         bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction       5 a       X         cit Yes, if one Sa or 50, and the organization that it was or is a party to a prohibited tax shelter transaction       5 c       5 c         6 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization for the very solicitation an express statement that such contributions or gifts were not tax deductible?       6 b         7 Organization receive a payment in excess of 375 made party as a contribution and partly for goods and services provided to the payor?       7 b         10 the organization notify the dorn or the value of the goods or services provided?       7 c       X         10 the organization notify the order or the value of the goods or services provided?       7 c       X         10 the organization notify the order or the value of the goods or services provided?       7 c       X         10 the organization notify the order of the value of the goods or services provided to the payor?       7 c       X         10 the organization notify the order of the		-				-								Х
In Tracial account in a foreign country (such as a bark account, securite secount, or other financial account)       4 a       X         Is If Yes, inder the name of the foreign country -       See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bark and Financial Accounts (FBAR).       5 a       X         See instructions for filing requirements for FinCEN Form 114. It was or is a party to a prohibited tax shelter transaction?       5 a       X         bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5 a       X         cit Yes, it on the Sar of Sb, difference annual groups receipts that are normally greater than \$100,000, and did the organization shelt were rolt tax cellable continuum.       6 a       X         bid Yes, 'dd the organization include with every solicitation an express statement that such contributions or gifts were for tax celladic tobic as chiral tax or goods or services provided to the party of the organization nolify the donor of the value of the goods or services provided to the party of the organization nolify the donor of the value of the goods or services provided to the party of the organization nolify the donor of the value of the goods or services provided to the organization receiver any funds, directly or indirectly, to party parts and party to parts and party and parts and party to parts and party and parts and parts and party and parts and parts and party and parts and party and parts and parts and p												3 b		
See instructions for thing requirements for FinCEN Form 114, Regord of Foreign Bank and Financial Accounts (FEAR).       5a         Sa Was the organization a party to a prohibited tax shelter transaction?       5a         X (1 Yes): to line 5a or 5b, did the organization that I was or is a party to a prohibited tax shelter transaction?       5c         Sa Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization shell were solicitation a express statement that such contributions of gifts were not tax deductible contributions under section 170(c).       6a       X         I I Yes; did the organization note yere objectible contributions under section 170(c).       7b       7b       7c         I U Yes; did the organization note years as latement that such contributions or gifts were not tax deductible?       7c       X       7c         I U Yes; did the organization note years as latement that such contributions and party for goods and services provided to the payor?       7c       X         I U Yes; did the organization note; years as latement the such contribution and party for goods and services provided to the payor?       7c       X         I U the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         I U the organization that may create a contribution of cars, boats, anplanes, or other vehicles, did the organization file       7r       X         I If the organization the exere therm set of the dust.       10	4 a	At any time du financial acco	uring the caler ount in a fore	ndar year, d eign country	d the org (such a	anization I s a bank	have an int account, s	erest in, or a s ecurities acco	ignature or oth ount, or other	er authority of financial acc	over, a count)?	4a		Х
5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5 a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5 b       X         c If Yes; to line 5 a or 5b, did the organization the form 8886-17.       5 c       5 c         c Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization short may contribution short were not tax deductible as channels?       6 a       X         b If Yes; did the organization include with every solicition an express statement that such contributions or gifts were not tax deductible?       6 a       X         7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7 a       X         b If Yes; did the organization notify the door of the value of the goods or services provided?       7 c       X         c Did the organization received an contribution of qualified indiget presmal property for which it was required to file.       7 c       X         If Yes; didicate the number of Forms \$282 filed during the year.       7 d       7       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1899 as required?       7 c       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	b			-	-									
b Dd ary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5 b         c If Yes, 'to line 5a or 50, did the organization that if was or is a party to a prohibited tax shelter transaction?       5 c         c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the weat not tax deductible contributions?       6 a         b If Yes,' to line 5a or 50, did the organization to tax deductible contributions?       6 a         b If Yes,' did the organization totick with every solicitation a repress statement that such contributions or gifts were not tax deductible?       6 b         7 Organizations that may receive deductible contributions under section 170(C).       a Did the organization notify the donor of the value of the goods or services provided?       7 c         b If Yes,' did the organization notify the donor of the value of the goods or services provided?       7 c       X         f If the organization receive a paymenums, directly or indirectly, on apersonal benefit contract?       7 c       X         g If the organization treceived a contribution of qualified intellectual property, did the organization file a Form 8289       7 g       I         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8299       7 g       I         g If the organization make as a bustless biodings at any time during the year?       9 a       9 a         9 Sponsoring organ			-	•				-		-				
c If Yes, 'to line 5a or 5b, did the organization file Form 8886-72.     5c       6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid tark were not tax deductible as chardinable contributions?     6a       b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a       7 Organizations that may receive deductible contributions and partly for goods and services provided to the payor?     7a       8 Did the organization notify the donor of the value of the goods or services provided to the payor?     7b       C Did the organization notify the donor of the value of the goods or services provided to the payor?     7a       c Did the organization notify the donor of the value of the goods or services provided?     7c       C Did the organization notify the donor of the value of the goods or services provided?     7c       C Did the organization notify the donor of the value of the goods or services provided?     7c       C Did the organization cevelwed a contribution of cars, boats, airplanes, or other vehicles, did the organization file     7c       Y full the organization meaves my funds, directly or indirectly, on pay premiums on a personal benefit contract?     7c       Y full the organization make any trauskie distributions under section 49667.     9a       D dit the sponsoring organization make any trauskie distributions under section 49667.     9a       D dit the sponsoring organization meave any trauskie distribution sudere solut 49667.<		-						-	-	-				
6s Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solid any contributions that were not tax deductible as charitable contributions?       6a       X         b If Yes; did the organization include with every solication an express statement that such contributions or gifts were not tax deductible?       6b       6b         7 Organizations that may receive deductible contributions under section 170(c).       a) did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided 0 the payor?.       7a       X         b If Yes, 'i did he organization notify the donor of the value of the goods or services provided?       7d       7         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualited intellectual property, did the arganization file a Form 1098-07.       7a       7a         g The organization received a contribution of qualited intellectual property, did the arganization file a Form 1098-07.       7a       7a         g Did the sponsoring organization make any taxable distributions to a donor advised fund science.       7a       7a         g Does on graphization precieved a contribution of availed fund science.       10a       7a       7a         g The organization received a contribution of qualited intellectual property.       10a       7a       7a       7a <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td>		-						-						X
b If 'Yes' (add the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       a) Dd 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?       7d       X         c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7d       X         c Did the organization oneit, exchange, or otherwise dispose of tangible personal property for which twas required to file form 8282?       7d       X         f Did the organization received a contribution of qualified intelleculal property, did the organization flor form 8292       7d       X         g If the organization received a contribution of qualified intelleculal property, did the organization flie a required?       7d       X         g Did the proganization make any taxable distributions under section 4966?       9a       9a       9a         g Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9b         l Section 501(c(2)) organizations. Enter:       10a       10a       10a       10a       10a       10a       10a       10a       10a <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>5 C</td> <td></td> <td></td>				0								5 C		
not tax deductible?     6b       Organizations that may receive deductible contributions under section 170(c).     6b       ab the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7a     X       b ff Yes; did the organization notify the donor of the value of the goods or services provided?     7a     X       b ff Yes; indicate the number of Forms 8282 field during the year.     7d     7e     X       f Df Yes; indicate the number of Forms 8282 field during the year.     7d     7f     X       f Df the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7f     X       f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1898.     7g     7       s form 1098-C7.     8     8     8       organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998.     7g       s ponsoring organization maintaining donor advised funds.     9     9     9       a Did the sponsoring organization make any taxable distributions under section 49667.     9a     9b       Did the sponsoring organization make any taxable distributions under section 49667.     9a     9b       10 Section 501(cX(2) organizations. Enter:     10a     10b     10b       11 Section 501(cX(2) organizations. Enter:												6 a		Х
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services provided to the payor?     7a     X       b If 'Yes,' idid 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     7c     X       d If Yes,' indicate the number of Forms 8282 filed during the year.     Zd     7c     X       d D the organization, during the year, pay premiums, directly to indirectly, to pay premosal benefit contract?     7c     X       g If 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 cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?     7g     7g       g Sonsorting organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.     8     8       a Did the sponsoring organization make any taxable distributions under section 4966?     9a     9a       g If Sonsorting organizations. Enter:     10a     10b     10b       a Initiation fees, and capital contributions included on Part VIII, line 12.     10a     11b       1 Soction 501(cX)2 organizations. Enter:     10a     11b     11b       a forse income from other sources. Cont and source on solution of taxet cancel during the year.     12b     13a       13 Section 501(cX)20 gualified nonprofit h		-	-					•	•					
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Form 8282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year.       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization receive a contribution of qualified intellectual property, did the organization freedwal a contribution of qualified intellectual property, did the organization face as business boldings at any time during the year?       7g       7g         a Form 1098-C?       7g       7h       X         8 Sponsoring organizations maintaining donor advised funds.       7h       8       9         9 sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9 bid the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9 bid the sponsoring organization make a distribution to a donor, donor advised funds.       10a       10a       10a         10 Section 501(c/C2) organizations. Enter:       10a       10b       10a       10a       10a         11 Section 501(c/C2) organizations. Enter:       11a       10a       10a       10a       10a         12 Section 501(c/C2) organizations. Enter:       11a       10a       10b       12a       11a       11a       11a       11a <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td>-</td> <td>•</td> <td></td> <td></td> <td>7 b</td> <td></td> <td></td>			-	-				-	•			7 b		
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as required?.       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?.       7h         8 Sponsoring organizations maintaining donor advised funds.       7h         9 Sponsoring organizations maintaining donor advised funds.       8         9 Did the sponsoring organization make any taxable distributions under section 49667.       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         10 Section 501(c)(2) organizations. Enter:       10a         a Gross income from members or shareholders.       11a         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders.       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a         a Is the organization is licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a         b If Yes,' enter the amount of reserves on hand.       13a         c Enter the amount of reserves on hand.       13b         c Enter the am		-					-	-	•		t?	7 f		Х
Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       7h         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities.       10a         11       Section 501(c)(27) organizations. Enter:       10a         a Gross income from members or shareholders.       11a       10b         12       Section 501(c)(27) organizations. Enter:       11b       12a         a Gross income from members or shareholders.       11b       12a         13       Section 501(c)(29) organizations. Enter:       11b       12a         14       Did the organization licensed to issue qualified health plans in more than one state?       12b       12a         14       Yes, 'enter the amount of tax-exempt interest received or accrued during the year.       12b       13a         13a       Kote: See the instructions for additional information the organization must report on Schedule O.       13a <td< td=""><td>ç</td><td>If the organiza as required?.</td><td>ation received</td><td>a contributi</td><td>on of qua</td><td>lified intell</td><td>ectual prop</td><td>perty, did the o</td><td>rganization file</td><td>Form 8899</td><td></td><td>7 g</td><td></td><td></td></td<>	ç	If the organiza as required?.	ation received	a contributi	on of qua	lified intell	ectual prop	perty, did the o	rganization file	Form 8899		7 g		
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9       Sponsoring organizations maintaining donor advised funds.       9         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       9b         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       Section 501(c)(2) organizations. Enter:       10a         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         12 Section 501(c)(2) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Fres, has it filed a Form 720 to report these payments? If No, 'provide an explanation on Schedule O.       14a         b If Yes,' see the instructions so index of the sequences? If No, 'provide an explanation or Schedule O.       14a         X       bif Yes,' has it filed a Form 720 to report these payments? If No, 'provide an explanation on Schedule O.       14a         If Yes,' see the instructions andiffee of tax on payment(s) of more than \$1,000,000 in r	8	•	-	-						-	-	8		
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10       Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12		•			-							9 b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders.       11a         a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       11b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         b Enter the amount of reserves on hand.       13b       13c       14a       X         b If 'Yes,' sait filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14a       X         b If 'Yes,' see the instructions and file Form 4720, Schedule N.       15       X       14a       X         16       X if 'Yes,' complete Form 4720, Schedule N.       16       X       16       X														
11       Section 501(c)(12) organizations. 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         12 a Section 4947(a)(1) non-exempt charitable trusts. 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       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves on hand.       13b         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         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?       16         16       X       16       X         17 'Yes,' see the instructions and file Form 4720, Schedule N.       16       X         17       16       X       17	a	Initiation fees	s and capital	contributio	ns includ	ed on Pa	rt VIII, line	e 12		10 a				
a Gross income from members or shareholders.       11 a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).       11 b         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12 b         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 a         b Enter the amount of reserves on hand       13 a         c Enter the amount of reserves on hand       13 c         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14 b         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?       15 X         If 'Yes,' see the instructions and file Form 4720, Schedule N.       16 X         16 X       17         17 'Yes,' complete Form 4720, Schedule O.       16 X         16 'Yes,' complete Form 4720,	b	Gross receipt	ts, included o	on Form 99	), Part V	III, line 12	2, for publi	ic use of club	facilities	10 b				
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. 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       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c Enter the amount of reserves on hand       13b       13c       14a         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         15 Is the organization and file Form 4720, Schedule N.       16       X         16 'Yes,' see the instructions and file Form 4720, Schedule N.       16       X         17 'Yes,' complete Form 4720, Schedule O.       17	11	Section 501(	c)(12) organi	zations. Er	ter:									
against amounts due or received from them.)	-									11 a				
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       a Is the organization licensed to issue qualified health plans in more than one state?	Ł	Gross income against amou	from other so unts due or re	urces. (Do r eceived fro	not net an m them.)	nounts due	e or paid to	other sources		11 Ь				
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a is the organization licensed to issue qualified health plans in more than one state?       13a         Note: 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       13c         c Enter the amount of reserves on hand       13c       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14b       14b         15       Is the organization an educational institution 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?       15       X         If 'Yes,' see the instructions and file Form 4720, Schedule N.       16       X         16       X       17       17	12 a	Section 4947	'(a)(1) non-e>	empt chari	table tru	<b>sts.</b> Is the	e organiza	tion filing For	m 990 in lieu (	of Form 104	1?	12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: 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         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       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?       15         If 'Yes,' see the instructions and file Form 4720, Schedule N.       16       X         If 'Yes,' complete Form 4720, Schedule O.       16       X         If 'Yes,' complete Form 4720, Schedule O.       17       17	b	If 'Yes,' enter	r the amount	of tax-exer	npt inter	est receiv	ed or accr	rued during th	e year	12b				
Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       Image: Ima		•												
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         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?       15         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16         X       17       16	а	5			•							13a		
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         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14a         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?       15         If 'Yes,' see the instructions and file Form 4720, Schedule N.       16         If 'Yes,' complete Form 4720, Schedule O.       16         X       16         If 'Yes,' complete Form 4720, Schedule O.       17         Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17							5			ule O.				
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       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?       15       X         If 'Yes,' see the instructions and file Form 4720, Schedule N.       16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If 'Yes,' complete Form 4720, Schedule O.       17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17	Ł	Enter the am which the org	ount of reser ganization is	ves the org licensed to	janizatior issue qu	n is requir alified he	red to main alth plans.	ntain by the s	tates in	13b				
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O														
<ul> <li>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?</li></ul>		-					-	-	-					Х
excess parachute payment(s) during the year?       15       X         If 'Yes,' see the instructions and file Form 4720, Schedule N.       16       X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17												14b		L
16       X         17       Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	15	excess parac	hute paymer	nt(s) during	the year	?						15		Х
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	16							on 4968 excis	e tax on net ir	nvestment in	come?	16		Х
activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17														
	17	activities that	t would result	t in the imp								17		

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<b>Part VI</b> Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or Schedule O. See instructions.	7b below, changes o	and on	for
Check if Schedule O contains a response or note to any line in this Part VI.			. X
Section A. Governing Body and Management			
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year <b>1 a</b> 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. <b>1 a</b>	8	Yes	No
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent <b>1 b</b>	8		
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?	2		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?	3		Х
4 Did the organization make any significant changes to its governing documents			
since the prior Form 990 was filed?			Х
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
<ul> <li>6 Did the organization have members or stockholders?</li></ul>	-		X X
<ul> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> </ul>			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Х	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Х	
<b>9</b> 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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>			х
Section B. Policies (This Section B requests information about policies not required by the Internation	nal Reveni	ue Co	ode.)
		Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates?			Х
<b>b</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?			
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Х	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDUL		37	
<b>12 a</b> Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12a	Х	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done		Х	
13 Did the organization have a written whistleblower policy?		X	<u> </u>
14 Did the organization have a written document retention and destruction policy?	14	Х	
<b>15</b> 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.		Х	V
<b>b</b> Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		X
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
<b>b</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			L
17 List the states with which a copy of this Form 990 is required to be filed ►CA			
18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Se available for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X       Another's website       X       Upon request       Other (explain on Schedule)	ction 501(c)(		ly)
<ul> <li>19 Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements the public during the tax year. SEE SCHEDULE O</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> </ul>	nts available to		

Form 990 (2021) CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL	27-1527559	Page <b>7</b>
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employe	es, and
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 Compens	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endin organization's tax year.	g with or within the	
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ations), regardless of amount of	

• List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

				(C)						
(A) Name and title	(B) Average hours per	thar	n one b s both a	oox, i an o	unles fficer truste		n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	veek (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) ELAINE HIMELFARB	40									
EXECUTIVE DIRECTOR	0				Х			79,982.	0.	0.
(2) MIKE LAPLANT	4									
PRESIDENT	0	Х		Х				0.	0.	0.
(3) JIM ROTH VICE PRESIDENT	<u> 2</u> - 0	Х		Х				0.	0.	0.
(4) PATRICIA HANLEY	3									
TREASURER	0	Х		Х				0.	0.	0.
(5) ANDY ORTEGA	2									
SECRETARY	0	Х		Х				0.	0.	0.
	<u>2</u> 0	х						0.	0.	0.
(7) JIM KNISS	2									
DIRECTOR	0	Х						0.	0.	0.
(8) JASON GIAMBI	2									
DIRECTOR	0	Х						0.	0.	0.
(9) MICHAEL RUBIN DIRECTOR	<u>2</u> 0	х						0.	0.	0.
(10)										
(11)										
(12)										
-`-`		1								
(14)										
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Form **990** (2021)

# Form 990 (2021) CENTRAL VENTUR

	RA	COUNTY	FIRE	SAFE	COUNCIL	27-1527559
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(17)       (19)       (19)         (19)       (19)       (19)         (20)       (19)       (19)         (21)       (19)       (19)         (22)       (19)       (19)         (23)       (19)       (19)         (24)       (19)       (19)         (23)       (19)       (19)         (24)       (19)       (19)         (24)       (19)       (19)         (25)       (19)       (10)         (24)       (19)       (10)         (25)       (10)       (10)         (26)       (10)       (10)         (27)       (10)       (10)         (24)       (10)       (10)         (26)       (10)       (10)         (27)       (10)       (10)         (28)       (10)       (10)         (29)       (10)       (10)         (20)       (10)       (10)         (29)       (10)       (10)         (29)       (10)       (10)       (10)         (29)       (10)       (10)       (10)       (10)         (20)       (10)       (10) <td< th=""><th>Part VII Section A. Officers, Directors,</th><th>Trustees,</th><th>Key E</th><th>mpl</th><th>oye</th><th>es, a</th><th>anc</th><th>d Highest Com</th><th>pensated Emp</th><th>loyees (continued)</th></td<>	Part VII Section A. Officers, Directors,	Trustees,	Key E	mpl	oye	es, a	anc	d Highest Com	pensated Emp	loyees (continued)
Name and the second status       Provide status       Description of the second status       Description of the seco		(B)		•						
Quarter of the organization is best to Part III, Section A.       Total number of independent contractors. Including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Provide the organization is a state to the organization of the organization. Provide the organization of the organizati		hours per	box, u	nless p	erson	is both	n an	Reportable compensation from	Reportable compensation from	Estimated amount
Image: Section 2010       Image: Section 2010       Image: Section 2010       Image: Section 2010         Image: Section 2010       Image: Section 2010       Image: Section 2010       Image: Section 2010         Image: Section 2010       Image: Section 2010       Image: Section 2010       Image: Section 2010         Image: Section 2010       Image: Section 2010       Image: Section 2010       Image: Section 2010         Image: Section 2010       Image: Section 2010       Image: Section 2010       Image: Section 2010       Image: Section 2010         Image: Section 2010		(list any	Indiv or d	Offi	Key	Hìgh	For	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization
Image of the second		related	vidua	t er	emp	loyee	ner			
(19)		- tions below	l trus	<u>s</u> tr	loyee	ompe				
(19)			tee	ietaa		nsate				
(19)       (1)       (1)       (1)         (19)       (1)       (1)       (1)         (19)       (1)       (1)       (1)         (19)       (1)       (1)       (1)         (20)       (1)       (1)       (1)         (20)       (1)       (1)       (1)         (20)       (1)       (1)       (1)         (21)       (1)       (1)       (1)         (22)       (1)       (1)       (1)         (23)       (1)       (1)       (1)         (24)       (1)       (1)       (1)         (23)       (1)       (1)       (1)         (24)       (1)       (1)       (1)         (25)       (1)       (1)       (1)         (24)       (1)       (1)       (1)         (25)       (1)       (1)       (1)       (1)         (26)       (1)       (1)       (1)       (1)         (26)       (1)       (1)       (1)       (1)         (26)       (1)       (1)       (1)       (1)         (26)       (1)       (1)       (1)       (1)						d				
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(18)       (19)         (20)       (21)         (21)       (22)         (23)       (24)         (24)       (25)         (25)       (26)         (26)       (27)         (27)       (28)         (28)       (29)         (29)       (29)         (20)       (20)         (23)       (24)         (24)       (25)         (25)       (26)         (26)       (27)         (27)       (28)         (28)       (20)         (29)       (29)         (20)       (20)         (26)       (20)         (27)       (28)         (29)       (20)         (20)       (20)         (21)       (21)         (22)       (20)         (23)       (20)         (24)       (25)         (25)       (20)         (26)       (20)         (27)       (20)         (28)       (29)         (29)       (20)         (20)       (20)         (21)       (21)         (22)	(17)									
(19)       (19)         (20)       (21)         (21)       (22)         (22)       (23)         (24)       (24)         (25)       (24)         (26)       (27)         (27)       (28)         (28)       (29)         (29)       (20)         (20)       (21)         (24)       (22)         (25)       (26)         (26)       (27)         (27)       (28)         (28)       (29)         (29)       (29)         (20)       (20)         (21)       (20)         (22)       (20)         (24)       (20)         (25)       (20)         (26)       (20)         (27)       (20)         (28)       (20)         (29)       (20)         (20)       (20)         (20)       (20)         (20)       (20)         (20)       (20)         (20)       (20)         (20)       (20)         (21)       (21)         (31)       (21)         (41)										
(20)       (21)       (21)         (22)       (23)       (23)         (23)       (24)       (25)         (24)       (25)       (26)         (25)       (26)       (27)         (26)       (27)       (28)         (26)       (27)       (28)         (26)       (29)       (29)         (26)       (29)       (29)         (27)       (29)       (20)         (26)       (29)       (20)         (27)       (29)       (20)         (26)       (20)       (20)         (27)       (20)       (20)         (28)       (20)       (20)         (29)       (20)       (20)         (20)       (20)       (20)         (21)       (21)       (21)         (22)       (21)       (21)         (21)       (21)       (21)         (22)       (21)       (21)         (22)       (21)       (21)         (23)       (21)       (21)         (24)       (22)       (21)         (25)       (21)       (21)         (26)       (21)	(18)									
(21)       (23)         (23)       (23)         (24)       (23)         (25)       (26)         (26)       (27)         (27)       (28)         (28)       (29)         (29)       (20)         (20)       (20)         (21)       (21)         (23)       (23)         (24)       (26)         (25)       (20)         (26)       (27)         (27)       (28)         (28)       (29)         (29)       (20)         (20)       (20)         (21)       (21)         (22)       (21)         (23)       (21)         (24)       (23)         (25)       (21)         (26)       (21)         (27)       (21)         (28)       (21)         (29)       (21)         (20)       (21)         (21)       (21)         (22)       (21)         (23)       (21)         (24)       (21)         (25)       (21)         (26)       (21)         (27)	(19)									
(22)	(20)									
(23)	(21)									
(24)	(22)			_						
(24)	(23)			-						
(25)       79, 982.       0.       0.         1 b Subtotal       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       0.       0.       0.       0.         d Total (add lines 1b and 1c)       0.       0.       0.       0.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.       3       X         3 Did the organization listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.       3       X         4 For any individual for services rendered to the organization? If 'Yes,' complete Schedule J for such individual.       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation       5       X         1 Complete this table f	<u> </u>									
1 b Subtotal       79, 982.       0.       0.         c Total from continuation sheets to Part VII, Section A.       0.       0.       0.       0.         d Total (add lines 1b and 1c).       79, 982.       0.       0.       0.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization b       0	(24)									
c Total from continuation sheets to Part VII, Section A <ul> <li></li></ul>	(25)									
c Total from continuation sheets to Part VII, Section A <ul> <li></li></ul>	1 b Subtotal		<u> </u>				•	79,982.	0.	0.
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.       Yes       No         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person       5       X         5       Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         Name and business address       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than	c Total from continuation sheets to Part VII, Second	ection A				· · · ·	•	0.		
from the organization       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       5       X         5       Section B. Independent Contractors       5       X         (A) Name and business address         0       Description of services       Compensation         0       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         0       Name and business address       Description of services       Compensation         0       0       0       0       0       0         1       Complete this table por your five highest address       Description of services       Compensation         1       Complete this table for your five highest address       0       0       0         1 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>► </td> <td></td> <td></td> <td></td>							► 			
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       CO         Name and business address       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than			iisteu at	ove)	WHO	recen	veu			pensation
on line 1a? If 'Yes,' complete Schedule J for such individual.       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       5       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       5       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       5       X         5       Did any person listed on genization? If 'Yes,' complete Schedule J for such person       5       X         5       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       CC)         Name and business address       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       4										Yes No
<ul> <li>For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i>.</li> <li>Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual</li> <li>Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual</li> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.</li> <li>Name and business address</li> <li>Description of services</li> <li>Compensation</li> <li>Total number of independent contractors (including but not limited to those listed above) who received more than</li> </ul>	3 Did the organization list any <b>former</b> officer, d	irector, trust	ee, key	empl	oyee	e, or l	high	nest compensated	employee	<b>2</b> V
the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual       5       X         5       Did any person listed to the organization? If 'Yes,' complete Schedule J for such person       5       X         5       Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         Name and business address       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       4										· · · ·
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         (A)       (B)       (C)       Compensation       (C)       (C)       (C)       (C)         Name and business address       Description of services       Compensation       (C)       (C)<	the organization and related organizations gr	eater than \$	150,000	? If "	Yes,	' com	plei	te Schedule J for		. <b>4</b> X
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1	5 Did any person listed on line 1a receive or ac for services rendered to the organization? If	crue compei Yes.' comple	nsation ete Sche	from edule	any J fo	unre or suc	late	d organization or	individual	. 5 X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Compensation         Image: Compensation of the calendar year ending with or within the organization's tax year.       Compensation         Image: Compensation of the calendar year ending with or the calendar year.       Compensation         Image: Compensation of the calendar year ending with or the calendar y	Section B. Independent Contractors									
Total number of independent contractors (including but not limited to those listed above) who received more than	<ol> <li>Complete this table for your five highest com compensation from the organization. Report com</li> </ol>	pensated inc pensation for	lepende the cale	nt co endar	ntra year	ctors endir	tha ng w	t received more the with or within the or	nan \$100,000 of ganization's tax yea	r.
		•			<u> </u>		0	(B)	Ī	
\$100,000 of compensation from the organization 🕨 🕜		-	ited to t	hose	liste	d abov	ve) v	who received more	than	

# Part VIII Statement of Revenue

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

Page **9** 

 $\square$ 

27-1527559

							<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt	<b>(C)</b> Unrelated business	<b>(D)</b> Revenue excluded from tax
								function	revenue	under sections 512-514
ທັທ	1 a	Federated campaig	ins .		1 a			Tevenue		512-514
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues.			1b					
Ū Ū	с	Fundraising events			1 c					
ar /	d	Related organization	ons.		1 d					
ini Îmi	е	Government grants (cont			1 e	218,350.				
tion er S	f	All other contributions, g similar amounts not incl	jifts, ( udod	grants, and	1 f	147 010				
- de te	a	Noncash contributions in		n in		147,919.				
to pu		lines 1a-1f			1 g					
	h	Total. Add lines 1a	- I t			Business Code	366,269.			
Program Service Revenue	22	<u>EDUCATIONAL</u>	MO	DVCUADC	-	110000	9,523.	9,523.		
Seve	b		<u>wo</u>	<u>KNSHOPS</u>		110000	9,525.	9,525.		
е Г	c									
evi	d									
u S	е									
ogra		All other program s								
Å	g	Total. Add lines 2a					9,523.			
	3	Investment income ( other similar amou	inclu	ding dividen	ds, ir	nterest, and ►				
	4	Income from invest								
	5	Royalties			•					
		-		(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)								
	d	Net rental income of	or (lo							
	7 a	Gross amount from		(i) Securiti	es	(ii) Other				
		sales of assets other than inventory	7a							
	b	Less: cost or other basis and sales expenses	7b							
	с	Gain or (loss).	7c							
		Net gain or (loss).				►				
e	8 a	Gross income from fund	raisin	g events						
snu		(not including \$			-					
eve		of contributions reported								
L L		See Part IV, line 18			88					
Other Revenue		Less: direct expense Net income or (loss			18 100.0					
0										
	Уa	Gross income from gami See Part IV, line 19	ing ac	tivities.	98	a				
		Less: direct expense			91	D I				
	с	Net income or (loss	s) fro	om gaming	activ	ities ►				
	10 a	Gross sales of inventory,	, less							
		IO a Gross sales of inventory, less         returns and allowances         b Less: cost of goods sold								
		-			101					
	c	Net income or (loss	5) 110	IT Sales OF	nive	Business Code				
Miscellaneous Revenue	11 a				-+					
and and	11a b c d									
ella See	с				-					
<u>S</u> %					[					
		Total. Add lines 11								
	12	Total revenue. See	inst	tructions		▶	375.792.	9.523.	0.	0.

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). Х Check if Schedule O contains a response or note to any line in this Part IX. (B) (C) (D) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundraising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 ..... 2 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Δ Benefits paid to or for members ..... Compensation of current officers, directors, 5 trustees, and key employees ..... 60,986. 13,997 4,999. 79,982 Compensation not included above to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Other salaries and wages ..... 773. 92,375 70,436 16,166 5. Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions) ..... 9 Other employee benefits ..... Payroll taxes ..... 10 14,700 11,209 <u>9</u>19. 2,572 11 Fees for services (nonemployees): a Management ..... 194 194 c Accounting..... 2,875 2,875 d Lobbying. e Professional fundraising services. See Part IV, line 17... f Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule  $0\$ q 38,629. 38,629. Advertising and promotion. 12 3,666. 3,666. 13 Office expenses ..... 5,303. 4,044 928 331. Information technology..... 14 1,308. 997. 229. 82. 15 Royalties..... Occupancy..... 8,735. 6,660. 1,529 546. 16 1,032 17 Travel 787. 181 64. Payments of travel or entertainment 18 expenses for any federal, state, or local public officials. Conferences, conventions, and meetings.... 429 327 19 75 27. 20 Interest ..... 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 58. 44 10. 4. 23 Insurance ..... 2,557 209. 3,353. 587. 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.) 493. a <u>OTHER\_EXPENSES</u> 7,886 6,013 1,380 b LICENSES AND PERMITS 3,914 1,957 1,957 3,192 <u>3,192</u> • DUMPSTER RENTAL <u>1,</u>926 d CAT<u>ERING</u> 2,526 158. 442

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 ► ☐ if following SOP 98-2 (ASC 958-720).

e All other expenses.25 Total functional expenses. Add lines 1 through 24e.

3,706.

273,863.

2,916.

212,680

208.

17,479.

582

43,704

		CENTRAL	VENTURA	COUNTY	FIRE	SAFE	COUNCIL
Part X	Balan	ice Sheet					

27-1527559
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		Check if Schedule O contains a response or note to	o any	line in this Part X	<u></u>	<u></u> .	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing			43,509.	1	96,799.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	90,699.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner offi I contr	cer, director, ibutor, or 35%		_	
						5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
Ø	7	Notes and loans receivable, net			-		
	7	Inventories for sale or use				7	
ět	8			_		8	
Assets	9	Prepaid expenses and deferred charges	1	ı – – – – – – – – – – – – – – – – – – –		9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		/			
	b	Less: accumulated depreciation				10 c	2,023.
	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	Total assets. Add lines 1 through 15 (must equal line	33)		43,509.	16	189,521.
	17	Accounts payable and accrued expenses	757.	17	4,697.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, c utor, o rsons	director, trustee, r 35%		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•			25	40,143.
	26	Total liabilities. Add lines 17 through 25			757.	26	44,840.
ses		Organizations that follow FASB ASC 958, check here	9►	Х			
aŭ	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		-	24 410	27	100 000
3al	27 28	Net assets with donor restrictions			<u>34,416.</u> 8,336.	27	126,033.
p	20	Organizations that do not follow FASB ASC 958, che			8,330.	20	18,648.
Net Assets or Fund Balance		and complete lines 29 through 33.					
0 S	29	Capital stock or trust principal, or current funds			29		
4er	30	Paid-in or capital surplus, or land, building, or equipn				30	
\$S\$	31	Retained earnings, endowment, accumulated income				31	
et	32	Total net assets or fund balances			42,752.	32	144,681.
_	33	Total liabilities and net assets/fund balances			43,509.	33	189,521.
BA/	A		TEEA01	11L 09/22/21			Form 990 (2021)

Form	1990 (2021) CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL 27-1	527559		Page 12
Par	t 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	375	,792.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,863.
3	Revenue less expenses. Subtract line 2 from line 1	3		,929.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		,752.
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		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
_		10	144	,681.
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	d on a		
	Separate basis Consolidated basis Both consolidated and separate basis	-		
Ł	Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat	e		
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Х
Ł	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
BAA	TEEA0112L 09/22/21		Form 9	<b>90</b> (2021)

			OMB No. 1545-0047									
SCHEDU (Form 990)	-	Com	plete if the organizat	ty Status and P tion is a section 501(c) )(1) nonexempt charita	(3) orgai	nization		2021				
			► Atta	ch to Form 990 or Forr	n 99 <mark>0-E</mark> Z	Ζ.		Open to Public				
Department of Internal Rever	f the Treasury nue Service	► (	Go to www.irs.gov/Fo	rm990 for instructions	and the	latest ir	formation.	Inspection				
Name of the c	- 0	ENTRAL VEI NC.	NTURA COUNTY F	FIRE SAFE COUNC	CIL		Employer identifica 27-152755					
				rganizations must				ctions.				
1 _ / 2 _ /	A church, conv A school desc	vention of church cribed in <b>sectio</b>	es, or association of cl <b>n 170(b)(1)(A)(ii).</b> (Att	For lines 1 through 12, nurches described in <b>sec</b> ach Schedule E (Form ization described in <b>se</b>	<b>tion 170(</b> 990).)	b)(1)(A)(i	).					
4		search organiza		unction with a hospital			••••	inter the hospital's				
	section 170(b	<b>)(1)(A)(iv).</b> (Co	mplete Part II.)	ge or university owned		-	-	escribed in				
7 X A	7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described											
			Complete Part II.)	AV(1) (Complete Part	11. \							
9	An agricultural	community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.) a agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or uiversity:										
i	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.)											
12	An organizati	on organized a	nd operated exclusive	ly to test for public saf ly for the benefit of, to d in <b>section 509(a)(1)</b> (	perform	the fun	ctions of, or to carry o	ut the purposes of one $\mathbf{V3}$ Check the bax on				
a 🔲 1	ines 12a thro <b>Type I.</b> A supp prganization(s	ough 12d that de orting organization ) the power to re	escribes the type of s on operated, supervise gularly appoint or elect	d, or controlled by its su a majority of the directo	and com	nplete lin roanizati	ies 12e, 12f, and 12g. on(s), typically by giving	the supported				
<b>b    1</b> r	Type II. A sup management o	t IV, Sections A pporting organiz of the supporting te Part IV, Sect	ation supervised or c organization vested in	ontrolled in connection the same persons that c	with its control or	supporte manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>				
				ion operated in connectio	n with, ar <b>A, D, an</b>	nd functio <b>d E.</b>	nally integrated with, its	supported				
t	runctionally ir	ntegrated. The c	organization generally	anization operated in co must satisfy a distribu <b>s A and D, and Part V.</b>	ition reqi	with its s uirement	upported organization(s) and an attentiveness	) that is not requirement (see				
— i	ntegrated, or	Type III non-fu	nctionally integrated	en determination from supporting organizatior	า.			e III functionally				
			n about the supported									
(i) Nam	ne of supported o	rganization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
<u>(</u> A)												
<u>(B)</u>												
(C)												
<u>(D)</u>												
<u>(E)</u>												
Total	Domonius als D	aduation Ast N	ation and the location	tions for Form 990 or (			Cabaa	ulo A (Earm 990) 2021				

# CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL 27-1527559

Page 2

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

000	don All ubile Support									
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	24,393.	70,048.	107,200.	150,064.	366,269.	717,974.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	24,393.	70,048.	107,200.	150,064.	366,269.	717,974.			
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)						0.			
	Public support. Subtract line 5 from line 4						717,974.			
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total			
7	Amounts from line 4	24,393.	70,048.	107,200.	150,064.	366,269.	717,974.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
11	Total support. Add lines 7 through 10						717,974.			
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	34,604.			
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	ifth tax year as a	section 501(c)(3)	►			
	tion C. Computation of Pul									
	Public support percentage for 20	•					100.00%			
	Public support percentage from a						100.00%			
16a	16a 33-1/3% support test-2021. 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	<b>b 33-1/3% support test–2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization									
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	box and stop here	Explain in Part	VI how			
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a l-circumstances te	nd-circumstances est. The organizat	test, check this t ion qualifies as a	pox and stop here publicly supporte	Explain in Part d organization	VI how the			
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	structions ►			

Schedule A (Form 990) 2021

# CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL 27-1527559

Page 3

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.)

Sec	tion A. Public Support						
Calenc	lar year (or fiscal year beginning in) >	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
~	0 0						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,						
78	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line						
<u>C</u>	7c from line 6.)						
	tion B. Total Support		I				
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
h	similar sources Unrelated business taxable						
D	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
С	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 organization, check this box and	stop here	un s first, second,	unira, tourth, or f	iiitii tax year as a	section 501(C)(3)	▶∏
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	21 (line 8, colum	n (f), divided by li	ine 13, column (f)	))	15	0/0
16	Public support percentage from				•		0/0
	tion D. Computation of Inv						-
17	Investment income percentage f		5		umn (ft)		00
	Investment income percentage f						
18							
198	33-1/3% support tests-2021. If is not more than 33-1/3%, check	this box and sto	<b>b here.</b> The ordar	nization qualifies a	as a publicly sunn	orted organization	i line 17 ►
b	<b>33-1/3% support tests–2020.</b> If t						
~	line 18 is not more than 33-1/3%						
20	Private foundation. If the organi		•		•		
	5						

# Part IV Supporting Organizations

(Complete only if you checked a box in 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 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 Part VI how the organization determined that the supported organization was 2 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. 3a **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 **Part VI** when and how the organization made the determination. 3b 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 **Part VI** what controls the organization put in place to ensure such use. 3c 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. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Δh **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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 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). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990). 8 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 Part VI. 9a **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 **Part VI**. 9b 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 Part VI. 9c 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. 10a **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.) 10b

Schedule A (Form 990) 2021	CENTRAL	VENTURA	COUNTY	FIRE	SAFE	COUNCIL	27-152755	9	P	age 5
Part IV Supporting Organiz	ations (contin	nued)								_
									Yes	No
<b>11</b> Has the organization accepted	a gift or contribu	tion from an	y of the foll	owing p	ersons?					
a A person who directly or indirectly the governing body of a suppor	controls, either a	alone or togetl	her with pers	sons des	cribed or	lines 11b and	1c below,			
the governing body of a suppor	ted organization	?						11a		
<b>b</b> A family member of a person d	escribed on line	11a above?						11b		
${f c}$ A 35% controlled entity of a person des	cribed on line 11a or	11b above? If "	Yes' to line 11a	a, 11b, or 1	1c, provide	e detail in <b>Part VI</b> .		11c		

# Section B. Type I Supporting Organizations

- 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.

# Section C. Type II Supporting Organizations

Yes No 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 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s).

# Section D. All Type III Supporting Organizations

			Yes	No
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?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		
-				

# Section E. Type III Functionally Integrated Supporting Organizations

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

### 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.

2a

2b

3a

Yes

No

Yes

1

2

No

BAA

# CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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	instructions. All other Type III non-functionally integrated supporting organization	<u> </u>		-
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Schedule A (Form 990) 2021

## Schedule A (Form 990) 2021 CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL 27-1 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 27-1527559

Pa	rt v   Type in Non-Functionally integrated 505(a)(5) St	upporting Organiza	alions (commute	:u)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	NS,	2	
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required – provide	a details in <b>Part VI</b>		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
-	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	ion is responsive (provide	e details	8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	a From 2016				
Ł	• From 2017				
C	: From 2018				
C	From 2019				
e	e From 2020				
	f Total of lines 3a through 3e				
ç	g Applied to underdistributions of prior years				
ł	Applied to 2021 distributable amount				
	i Carryover from 2016 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
ā	Applied to underdistributions of prior years				
	• Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
-	Excess from 2018				
C	Excess from 2019				
C	Excess from 2020				
(	Excess from 2021				

BAA

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	CENTRAL VENTURA COUNTY FIRE SAF	FE COUNCIL 27-1527559	Page 8
III, fine 12; Part I B, lines 1 and 2; 3a, and 3b; Part \	<b>Information.</b> Provide the explanations required by Pa , Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11 art IV, Section C, line 1; Part IV, Section D, lines 2 and 3 , line 1; Part V, Section B, line 1e; Part V, Section D, lines Also complete this part for any additional information. (Se	1a, 11b, and 11c; Part IV, Section ;; Part IV, Section E, lines 1c, 2a, 2b, s 5, 6, and 8; and Part V, Section E,	

Schee	dule	В
(Form	<b>990)</b>	

De

# Schedule of Contributors

OMB No. 1545-0047

2021

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

ternal Revenue Service	•	Go to www	w.irs.gov	/Forr
ame of the organization		COUNTRY	<b></b>	0.1 0

Name of the organization CEN	NTRAL VENTURA	COUNTY	FIRE SA	ΑFE	COUNCIL	Employer iden	tification number	
INC						27-1527	559	
Organization type (chec	ck one):							

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

### General Rule

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

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the Х 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).

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

Schedule B (Form 990) (2021)		1	2	Page <b>2</b>
Name of organization	Employe	r identification nu	mber	
CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL	27-1	527559		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.			
			(4)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	CAL FIRE SAFE COUNCIL	\$164,931.	Person X Payroll Noncash (Complete Part II for
	MCCLELLAN, CA 95652		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CA_DEPT_OF_FORESTRY & FIRE_PROTECT		Person X
	P.O. BOX 944246	\$62 <u>,942.</u>	Noncash
	SACRAMENTO, CA 94244-2460		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SOUTHERN CALIFORNIA EDISON		Person X Payroll
	2244 WALNUT GROVE AVE	\$20,000.	Noncash
	ROSEMEAD, CA 91770		(Complete Part II for noncash contributions.)
	/1->		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(0) Name, address, and ZIP + 4 CONEJO_OPEN_SPACE_CONSERV_AGENCY	(c) Total contributions	Person X
	Name, address, and ZIP + 4	(c) Total contributions	
	Name, address, and ZIP + 4		Person X Payroll
	Name, address, and ZIP + 4         CONEJO_OPEN_SPACE_CONSERV_AGENCY         2100_THOUSAND_OAKS_BLVD		Person X Payroll Noncash (Complete Part II for
	Name, address, and ZIP + 4         CONEJO_OPEN_SPACE_CONSERV_AGENCY         2100_THOUSAND_OAKS_BLVD         THOUSAND_OAKS, CA_91362         (b)	\$40,291.	Person     X       Payroll
4 (a) No.	Name, address, and ZIP + 4         CONEJO OPEN SPACE CONSERV AGENCY         2100 THOUSAND OAKS BLVD	\$40,291.	Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)          (d)          Type of contribution
4 (a) No.	Name, address, and ZIP + 4         CONEJO_OPEN_SPACE_CONSERV_AGENCY         2100_THOUSAND_OAKS_BLVD         THOUSAND_OAKS, CA_91362         (b)         Name, address, and ZIP + 4         CALIFORNIA_FIRE_FOUNDATION	\$40,291. (c) Total contributions	Person       X         Payroll          Noncash          (Complete Part II for noncash contributions.)          (d)          Type of contribution          Person       X         Payroll
4 (a) No.	Name, address, and ZIP + 4         CONEJO OPEN SPACE CONSERV AGENCY         2100 THOUSAND OAKS BLVD         THOUSAND OAKS, CA 91362         (b)         Name, address, and ZIP + 4         CALIFORNIA FIRE FOUNDATION         1780 CREEKSIDE OAKS DR	\$40,291. (c) Total contributions	Person       X         Payroll
4 (a) No.	Name, address, and ZIP + 4         CONEJO OPEN SPACE CONSERV AGENCY         2100 THOUSAND OAKS BLVD         THOUSAND OAKS, CA 91362         (b)         Name, address, and ZIP + 4         CALIFORNIA FIRE FOUNDATION         1780 CREEKSIDE OAKS DR         SACRAMENTO, CA 95833         (b)	\$40,291. Total contributions \$15,000.	Person       X         Payroll       X         Noncash       X         (Complete Part II for noncash contributions.)       X         Payroll       X         Payroll       X         Noncash       X         Payroll       X         Noncash       X         Yupe of contributions.)       X         Person       X         Type of contributions.)       X         Person       X         Person       X         Person       X
4 (a) No. 5 (a) No.	Name, address, and ZIP + 4         CONEJO OPEN SPACE CONSERV AGENCY         2100 THOUSAND OAKS BLVD         THOUSAND OAKS, CA 91362         (b)         Name, address, and ZIP + 4         CALIFORNIA FIRE FOUNDATION         1780 CREEKSIDE OAKS DR         SACRAMENTO, CA 95833         (b)         Name, address, and ZIP + 4	\$40,291. Total contributions \$15,000.	Person       X         Payroll

Schedule B (Form 990) (2021)	2 2	Page <b>2</b>
Name of organization	Employer identification number	
CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL	27-1527559	
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	STATE OF CALIFORNIA-CA_RELIEF_GRANT	 \$ 15,000.	Person X Payroll Noncash
	SACRAMENTO, CA_95814		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 <sup>\$</sup>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 <sup>\$</sup>	Person
BAA	TEEA0702L 10/06/21		 Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)	1	1	Page <b>3</b>
Name of organization	Employer identi	fication nur	nber
CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL	27-15275	559	

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

art II Nonc	ash Property (see instructions). Use duplicate copies of Part II if ad	ultional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A			
		]\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
	TEEA0703L 10/06/21	Schedule	

	B (Form 990) (2021)			1 1 Page <b>4</b>	
Name of orga	nnization L VENTURA COUNTY FIRE SAFE C(	OUNCTI.		Employer identification number 27-1527559	
Part III		tc., contributions to orga he year from any one contril ompleting Part III, enter the tota (Enter this information once. S	<b>outor.</b> Comple al of <i>exclusiv</i> e	described in section 501(c)(7), (8), te columns (a) through (e) and e/y religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gif is, and ZIP + 4		ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		t			
	Transferee's name, addres	Transferee's name, address, and ZIP + 4			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gif			
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of transferor to transferee	
		·			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
				<u> </u>	
	Transferee's name, addres	ift Relationship of transferor to transferee			
DAA		TEE 4070/1 10/06/21	<b></b> _	Schedule P (Forme 000) (2021)	

(from 990) <ul> <li>             • Complete if the organization assessed vise in form 990,             • Total on the isset information             • Complete if the organization assessed vise in the isset information             • Complete if the organization             • Complete if the organization</li></ul>	SCI	HEDULE D	Sup	plemental Financial St	tatements		OMB No. 1	1545-0047	
Peter Revers • Co to www.irz.gov/~om#80 for instructions and the latest information. Open to Public   Name at the argentation Composed for instructions and the latest information. Open to Public   CENTRAL UP Composed for instructions and the latest information. Composed for instructions and the latest information. Open to Public   Tank Composed for instructions and the latest information.   Tank Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. India number at end of year. (a) Done advised funds (b) Funds and other accounts   1 Total number at end of year. (a) Done advised funds (b) Funds and other accounts (b) Funds and other accounts   2 Accrete wide of antin (kning year) (b) Done advised funds (c) Funds and other accounts (c) Funds and other accounts   3 Agroppid wide at end of year. (c) Done advised funds (c) Funds and other accounts (c) Funds and other accounts   4 Agroppid wide at end of year. (c) Done advised funds (c) Funds and other accounts (c) Funds and other accounts   4 Agroppid wide at end of year. (c) Done advised funds (c) Funds and other accounts   5 Did the comparization inform all grantles, comparison in writing that the assets held in done advised funds (c) Funds and other accounts   6 Did the comparization inform all grantles, comparison in education (c) Funds and other account		Form 990)  Complete if the organization answered 'Yes' on Form 990,							
The server is the server in the server	Depar	tment of the Treasury	► Attach to Form 990.						
CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL  27-1527559 27-152  27-1527559 27-152 27-1527559 27-152 27-1527559 27-152755 27-152 27-152755 27-152 27-152755 27-152 27-152755 27-15275 27-152755 27-15275 27-152755 27-15275 27-152755 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-15275 27-157 27-15275 27-				.gov/ offisso for instructions af	id the latest morna				
INC.          [27-1527559          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.           (a) Donor advised funds         (b) Funds and other accounts          2       Aggregate value of entitubots to (during yea)									
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.         1 Total number at end dyear       (a) Doner advised funds       (b) Funds and other accounts         2 Aggraphic value at end of year       (a) Doner advised funds       (b) Funds and other accounts         3 Aggraphic value at end of year       (b) Funds and other accounts       (c) Funds and other accounts         4 Aggraphic value at end of year       (c) Construction advisors in writing that the assets held in donor advisor funding that grant funds can be used only for charitable purposes and not of whores in writing that grant funds can be used only impermissible private bareful at grantes, donor advisors in writing that grant funds can be used only impermissible private bareful at grantes, donor advisors in writing that grant funds can be used only impermissible private bareful at grantes.         Partill Conservation Easements.       Complete if the organization inform answered 'Yes' on Form 990, Part IV, line 7.         Purpose(s) of conservation easements held by the organization (check all that apph).       Preservation of a historic structure         Protection of natural habitat       Preservation of a conservation easements.       (b) add at the End of the Tax Year.         a Total number of conservation easements.       (c) add at eager for the lation of a historic structure include in (c) acquired after 7/25/06, and not on a historic (add add) add a grant diverser.       (b) add at the End of the Tax Year.         a total number of conservation easements in hold of conservation easements in hold (d), acquired after 7/25/06, and not on a his		2.				27-1	527559		
1 Total number at end of year. 2 Aggregate value of contributions to (during year)	Par	5.							
2 Aggraphic value of architectuations to (during yan)				(a) Donor advised fur	nds	<b>(b)</b> Funds a	nd other accou	nts	
Aggregate value of grants tren (during yaz)	-								
Aggregate value at end of year	-		,						
<ul> <li>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds in the organization's property, subject to the organization's exclusive legal control?</li></ul>	_		( ),						
6 bit the errorization inform all grantese, donors and donor advisors in writing that grant funds can be used only for the benefit? Part II Conservation Easements. Part II Conservation Easements. 9 and the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Protection of natural habitat Protection of natural habitat 1 Protection of open space 2 Complete lines 2a through to public use (for example, recreation or education) Protection of natural habitat Protection of natural habitat Protection of open space 2 Complete lines 2a through to you have a set of the granization (check all that apply). Protection of natural habitat Protection of natural habitat Protection of open space 2 Complete lines 2a through to you solve on easements. 2 Lotal number of conservation easements included in (a) 2 Lotal number of conservation easements modified, transferred, refeesed, extinguished, or terminated by the organization during the tay year. 3 Number of conservation easements modified, transferred, refeesed, extinguished, or terminated by the organization during the year set. 3 Number of states where property subject to conservation easement is located by conservation easements included in (a) wiolations, and enforcing conservation easements during the year set. 4 Nonot of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements included in ine 2(d) above satisfy the requirements of section 170(t)(4)(6)(0) 1 No 9 In Part XIII, describe how the organization reports conservation easements in a deforcing conservation easements.	_	Did the organizati	ion inform all donors and do	nor advisors in writing that the as					
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	c	-							
Part II       Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.         Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education)       Preservation of a cartified historic structure         Protection of natural habitat       Preservation of a cartified historic structure       Preservation of a cartified historic structure         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. <b>Held at the End of the Tax Year 2 2 2 2 2 3</b> Total acreage restricted by conservation easements. <b>2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3</b> Number of conservation easements included in (2) acquired after 7/25/06, and not on a historic <b>3</b> Number of states where property subject to conservation easements is located +          5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year          6       Statf and volunteer hours devoled 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 enforchig conservation eas	0	for charitable pur	poses and not for the benefit	it of the donor or donor advisor, o	r for any other purpo	ose conferring			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).							res	NO	
1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)       Preservation of a historic structure         Preservation of land for public use (for example, recreation or education)       Preservation of a certified historic structure         Preservation of open space       Preservation of a conservation easement on the last day of the tax year.         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.         4       Total acreage restricted by conservation easements.       2a         2.1       2.1       2.2         4       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 enforcing conservation easements during the year •         4       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(h)         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 t	Par			wered 'Yes' on Form 990	Part IV line 7				
Preservation of land for public use (for example, recreation or education)     Protection of a natural habitat     Preservation of an example, recreation or education)     Preservation of a certified historic structure     Preservation of a certified historic structure     Preservation of a certified historic structure     Tesservation of a certified historic structure     Tesservation easements.     Testa day of the tax year     Testa day of the tax year     Testa conservation easements.     Testa arcnage restricted by conservation easements included in (a).     Testa arcnage restricted by conservation easements included in (b) acquired after 7/25/06, and not on a historic     Testa arcnage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic     Testa arcnage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic     Testa arcnage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic     Testa arcnage restricted by conservation easements in cloated	1								
Preservation of open space Complete lines 2 at 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. a Total arcnage restricted by conservation easements. b Total acreage restricted by conservation easements. b Total acreage restricted by conservation easements. c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic zdu at Mumber of conservation easements included in (c) acquired after 7/25/06, and not on a historic zdu at Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic zdu at Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic zdu at Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic zdu at Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic zdu at 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 enforcing conservation easements during the year •  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 and balance sheet, and include (d) (d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(		Preservation o	of land for public use (for exam	ple, recreation or education)	Preservation of	a historically i	mportant land	area	
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.     Total number of conservation easements.     Total acreage restricted by conservation easements.     Total acreage restricted by conservation easements.     Total acreage restricted by conservation easements on a certified historic structure included in (a)		Protection of	natural habitat		Preservation of	a certified hist	toric structure		
last day of the tax year. <ul> <li>Total acreage restricted by conservation easements.</li> <li>Data acreage restricted by conservation easements.</li> <li>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic</li> <li>Aumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year •</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year •</li> <li>Number of states where property subject to conservation easement is located •</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Soles the organization have a written policy regarding the periodic monitoring conservation easements during the year •</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year •</li> </ul> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E)(i)</li> <li>Yes    No</li> <li>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 toothote to the organization's financial statements and expense statement and balance sheet, and include, if applicable, the text of the toothote to the organization's financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public exhibition, education, or research in furtherance of public exhibition, education, or research in fur</li>		Preservation	of open space						
a Total number of conservation easements.       2 a         b Total acreage restricted by conservation easements.       2 b         c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic       2 c         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic       2 d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year +       4         4 Number of states where property subject to conservation easement is located +       5         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?       Ives   No         6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year + \$       No         7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year + \$       No         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 IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.       Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.         1a If the org	2			held a qualified conservation contrib	oution in the form of a				
b Total acreage restricted by conservation easements.       2b         c Number of conservation easements on a certified historic structure included in (a).       2c         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		<b>T</b>					the End of the	Tax Year	
c Number of conservation easements on a certified historic structure included in (a)									
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶       3         4 Number of states where property subject to conservation easement is located ▶       3         5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?       3         6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       >         *       -       -       Yes       No         6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       -         *       -       -       -       No         8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)       Yes       No         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									
structure listed in the National Register						20			
<ul> <li>tax year ▶</li> <li>Number of states where property subject to conservation easement is located ▶</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>S</li></ul>						2 d			
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>*</li></ul>	3		vation easements modified, tran	nsferred, released, extinguished, or	terminated by the org	anization during	g the		
and enforcement of the conservation easements it holds?          Yes       No         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)       Yes       No         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.         1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, p	4	Number of states v	where property subject to conse	ervation easement is located ►					
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>*\$</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes</li> <li>No</li> <li>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.</li> <li>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.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not 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.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>c) Revenue included on Form 990, Part X.</li> <li>2 If the organization received or held 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:</li> <li>a Revenue included in Form 990, Part X.</li> <li>2 If the organization received or held wo</li></ul>	5						Yes	No	
<ul> <li>▶\$</li></ul>	6						s during the yea	r	
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:</li> <li>c) Revenue included on Form 990, Part X</li> <li>f 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:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> &lt;</ul>	7		es incurred in monitoring, inspe	ecting, handling of violations, and er	nforcing conservation	easements dur	ing the year		
<ul> <li>include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>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.</li> <li>1 a 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.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:     <ul> <li>(i) Revenue included on Form 990, Part X</li> </ul> </li> <li>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:     <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>	8	Does each conser and section 170(h	rvation easement reported on (4)(B)(ii)?	n line 2(d) above satisfy the requ	irements of section	170(h)(4)(B)(i)	Yes	No	
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.         1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1.</li> <li>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:</li></ul>	9	include, if applica	able, the text of the footnote	ports conservation easements in i to the organization's financial sta	ts revenue and expe tements that describ	ense statemen bes the organiz	t and balance zation's accour	sheet, and nting for	
<ul> <li>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.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1.</li> <li>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:</li> <li>a Revenue included on Form 990, Part X.</li> <li>b Assets included in Form 990, Part X.</li> <li>c S</li> </ul></li></ul>	Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ections of Art, Historical Tr swered 'Yes' on Form 990, F	easures, or Othe Part IV, line 8.	er Similar A	ssets.		
<ul> <li>following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>	1;	historical treasure	es, or other similar assets he	eld for public exhibition, education	n, or research in furtl	ent and balanc herance of put	e sheet works blic service, pro	of art, ovide in	
<ul> <li>(ii) Assets included in Form 990, Part X.</li> <li>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:</li> <li>a Revenue included on Form 990, Part VIII, line 1.</li> <li>b Assets included in Form 990, Part X.</li> <li>b Assets included in Form 990, Part X.</li> </ul>	I	following amounts	s relating to these items:					art,	
<ul> <li>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:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li></ul>									
a Revenue included on Form 990, Part VIII, line 1	_						+		
b Assets included in Form 990, Part X▶\$		If the organization amounts required	received or held works of art, h to be reported under FASB	historical treasures, or other similar ASC 958 relating to these items:	assets for financial ga	ain, provide the			
							·		
							7	1 9901 2021	

Schedule D (Form 990) 2021 CENT					27-152	
Part III Organizations Mainta	ining Colle	ctions of Ar	t, Historica	I Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	i, accession, ai	nd other records,	check any of	the following that ma	ake significant use of its	collection
a Public exhibition		d	Loan or ex	change program		
<b>b</b> Scholarly research		e	Other			
c Preservation for future gener						
4 Provide a description of the organiz Part XIII.			-	-		
5 During the year, did the organiza to be sold to raise funds rather the solution of the solut	tion solicit or	receive donatic	ns of art, his	torical treasures, or	other similar assets	Yes No
Part IV Escrow and Custodia						
line 9, or reported an						111 550, 1 art 10,
<b>1 a</b> Is the organization an agent, trus	stee, custodia	n or other inter	mediary for c	ontributions or othe	er assets not included	
on Form 990, Part X?						Yes
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	nd complete the	e following ta	ible:		A
<b>c</b> Beginning balance						Amount
<b>d</b> Additions during the year						
e Distributions during the year						
f Ending balance						
<b>2a</b> Did the organization include an a						Yes No
<b>b</b> If 'Yes,' explain the arrangement			-		L	
Part V Endowment Funds. C	omplete if	the organiza	tion answe	red 'Yes' on Fo	<u>rm 990, Part IV, lir</u>	ne 10.
	(a) Current	year (b)	Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentag	e of the curre	nt year end bala	ance (line 1g	, column (a)) held a	as:	
<b>a</b> Board designated or quasi-endowm	ient 🕨 🔚	010				
<b>b</b> Permanent endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
c Term endowment	0/0					
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.				
3 a Are there endowment funds not in t	the possession	of the organizat	ion that are he	eld and administered	for the	Yes No
organization by: (i) Unrelated organizations						Yes No 3a(i)
(ii) Related organizations						3a(i)
<b>b</b> If 'Yes' on line 3a(ii), are the rela						3b
4 Describe in Part XIII the intended	-		•			
Part VI Land, Buildings, and		-				
Complete if the organi			on Form 99	0, Part IV, line	11a. See Form 99	D, Part X, line 10.
Description of property		(a) Cost or othe (investmer	er basis <b>(t</b>	) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land				. /		
<b>b</b> Buildings						
c Leasehold improvements						
<b>d</b> Equipment				2,081.	58.	2,023.
<b>e</b> Other						
Total. Add lines 1a through 1e. (Colum	nn (d) must ea	qual Form 990,	Part X, colun	nn (B), line 10c.)		2,023.
BAA					Schedu	ule D (Form 990) 2021

Schedule D (Form 990) 2021 CENTRAL VENTURA CC	UNTY FIRE SAFE	COUNCIL	27-1527559 Pag	ge <b>3</b>
Part VII Investments – Other Securities. Complete if the organization answered		N/A		12
(a) Description of security or category (including name of security)	(b) Book value		on: Cost or end-of-year market value	12
(1) Financial derivatives.	(1) 20011 14140			
(2) Closely held equity interests				
(3) Other				
(A) (B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
(I) Table (2) International Energy 202 Data Kardena (D) Kard 20				_
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ► Part VIII Investments – Program Related.		Ν / λ		_
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 990	, Part IV, line 11c. S	See Form 990, Part X, line	13
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-of-year market valu	ue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)				
Part IX Other Assets.	N/A			_
Complete if the organization answered	'Yes' on Form 990	, Part IV, line 11d. S		15
•••	scription		(b) Book value	
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
Total. (Column (b) must equal Form 990, Part X, column (E	2 line $15$		▶	
Part X Other Liabilities.	5) III le 15.)			
Complete if the organization answered 'Yes' on Fe	orm 990, Part IV, line 11	e or 11f. See Form 990, P	art X, line 25.	
1. (a) Descri	ption of liability		(b) Book value	
(1) Federal income taxes				
(2) DEFERRED REVENUE			40,14	13.
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				13.
<b>2.</b> Liability for uncertain tax positions. In Part XIII, provide the text of the foot tax positions under FASB ASC 740. Check here if the text of the footnote has				
LIGA DUSTLIVIS UTUEL LASD ASU 740. UTEUN TELE IL THE LEXE UT THE TOULTOLE TAS	DECH PIONUCU III Fall AIII			1 1

Schedule D (Form 990) 2021 CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL	27-1527559	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2 b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	<b>4</b> c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
<b>c</b> Add lines <b>4a</b> and <b>4b</b>		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
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.

SCHED	CHEDULE L Transactions With Interested Persons						1545-00	47	
(Form 99		► Complete if	Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.						
Department Internal Rev	Pepartment of the Treasury ternal Revenue Service Service Service Control 2007, 01							lic	
Name of the	organization CE	NTRAL VENTU	RA COUNTY FIRE SAFE COUNCIL		Employer identifica				
	IN	С.			27-152755	9			
Part I			ctions (section 501(c)(3), section 501( nization answered 'Yes' on Form 990, Part IV, I					າຣ	
			(b) Relationship between disqualified person and				(d) Cor	rect	
1	(a) Name of disq	ualified person	(b) Relationship between disqualified person and organization	(c) Descrip	otion of transaction		(d) Cor Yes	rect N	
1 (1)	(a) Name of disq	ualified person		<b>(c)</b> Descrip	otion of transaction		. ,	rect N	
1 (1) (2)	(a) Name of disq	ualified person		<b>(c)</b> Descrip	otion of transaction		. ,	rect N	
	(a) Name of disq	ualified person		<b>(c)</b> Descrip	otion of transaction		. ,	rect N	
(2)	(a) Name of disq	ualified person		(c) Descrip	otion of transaction		. ,	N	
(2) (3)	(a) Name of disq	ualified person		(c) Descrip	otion of transaction		. ,	rect N	

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .....

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa fron organi	an to or 1 the zation?	(e) Original principal amount	(f) Balance due	<b>(g)</b> In d	default?	(h) Ap by bo comm	proved ard or hittee?	(i) Wi agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$							

# Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

►\$

(d) Corrected? Yes

No

# Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RICHARD ATMORE, JR	BOARD MEMBER	708.	HIRED CHIPPER CREW		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information.	•	•			

Provide additional information for responses to questions on Schedule L (see instructions).

Page 2

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Name of the organization CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL INC. Employer identification number 27-1527559

# FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE CVCFSC IMPLEMENTED THE FOLLOWING COMPLEX, MULTI-PARTNER, COUNTYWIDE WILDFIRE PREVENTION PROGRAMS IN 2021:

I. ORGANIZED 7 COMMUNITY CHIPPER DAYS AND 3 LARGE FUEL REDUCTION PROJECTS IN COMMUNITIES WITHIN THE WILDLAND URBAN INTERFACE. THE CHIPPER DAYS CLEARED OVER 40 ACRES OF VEGETATION, AND THE FUEL REDUCTION PROJECTS CLEARED 28 TONS. SOME OF OUR KEY PARTNERS FOR THIS WORK INCLUDED VENTURA COUNTY FIRE DEPARTMENT, FILLMORE FIRE, CALIFORNIA CONSERVATION CORPS, AND HOME OWNER ASSOCIATIONS.

II. FACILITATED OVER 60 EDUCATION AND OUTREACH PROGRAMS, WEBINARS, TOWN HALL MEETINGS AND WORKSHOPS THROUGHOUT THE COUNTY. WE ALSO CO-HOSTED A VIRTUAL INTERACTIVE SPEAKER SERIES WITH THE VENTURA COUNTY RESOURCE CONSERVATION DISTRICT. WE'VE BEEN IN THE NEWS TOO - FRONT PAGE OF THE VC STAR, WE WERE FEATURED IN THE ACORN AND THE OJAI VALLEY NEWS, AMONG OTHER PRINT AND SOCIAL MEDIA PLATFORMS. TO INCREASE INCLUSION AND EQUITY IN WILDFIRE PLANNING AND PREPAREDNESS, WE ORGANIZED EDUCATION, OUTREACH AND TRAINING PROGRAMS IN SPANISH. FOR EXAMPLE, TEN PROMOTORAS WERE TRAINED TO COMPLETE HOME HARDENING ASSESSMENTS WITHIN SPANISH SPEAKING COMMUNITIES. THE VENTURA REGIONAL FIRE SAFE COUNCIL IS ONE OF THE FIRST ORGANIZATION IN CALIFORNIA TO OFFER THIS TRAINING IN SPANISH.

III. COMPLETED 100 HOME HARDENING ASSESSMENTS THROUGHOUT THE COUNTY, FOCUSING PARTICULARLY IN PIRU AND THE GREATER CONEJO VALLEY.

IV. PROVIDED TWO 8-HOUR COURSES FOR HIRED VENDOR INCIDENT SAFETY AWARENESS. THESE <u>COURSES SUPPORT VENDORS THAT CONTRACT FOR SERVICE DURING MAJOR WILDFIRE INCIDENTS</u>. BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA4901L 08/10/21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization CENTRAL VENTURA COUNTY FIRE SAF	F. COUNCIL Employer identification number
INC.	27-1527559

## FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE COURSES WERE TAUGHT BY WOODY BOUSKA WITH SURE-FIRE TRAINING, INC. AND THERE WERE OVER 60 PARTICIPANTS.

V. IN 2021, WE WERE AWARDED FUNDING TO UPDATE VENTURA COUNTY'S COMMUNITY WILDFIRE PROTECTION PLAN AND FACILITATE THE DEVELOPMENT OF 7 LOCAL PLANS. A CWPP PROVIDES A ROAD MAP OF ACTIONS FOR COMMUNITIES TO ADDRESS THE WILDFIRE THREAT. THROUGH A COLLABORATIVE, INTERACTIVE PROCESS, THE CWPPS WILL PRIORITIZE FUEL REDUCTION ACTIVITIES; AND RECOMMEND MEASURES THAT HOMEOWNERS AND OTHERS CAN TAKE TO SAFEGUARD THEIR COMMUNITIES.

VI. VENTURA REGIONAL FIRE SAFE COUNCIL'S GROWING CAPACITY: THE VENTURA REGIONAL FIRE SAFE COUNCIL PROVIDES ESSENTIAL WILDFIRE MITIGATION AND AWARENESS PROGRAMS THAT ENABLE VENTURA COUNTY'S RESILIENT AND TREASURED COMMUNITIES TO LIVE MORE SAFELY WITH WILDFIRE. WE ARE LED BY A SKILLED BOARD OF DIRECTORS AND AN ACTIVE ADVISORY BOARD. THE BOARD BRINGS A DEEP AND BROAD UNDERSTANDING OF WILDFIRE MITIGATION, RESOURCES, MAPPING, LOCAL LEGISLATORS, AND CONTENT EXPERTISE. THE STAFF LEADERSHIP INCLUDES THE EXECUTIVE DIRECTOR, PROGRAMS MANAGER AND ADMINISTRATIVE/FINANCE MANAGER WITH SUPPORT FROM SUPPORT STAFF AND OVER A DOZEN VOLUNTEERS AND CONSULTANTS. THE FIRE SAFE COUNCIL HAS STRONG POLICIES AND PROCEDURES IN PLACE, A WELL-COORDINATED STRUCTURE BETWEEN BOARD AND STAFF, FUND-RAISING EXPERTISE AND PROGRAMS THAT REFLECT COMMUNITY DRIVEN PRIORITIES.

# FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED DIRECTOR OF OPERATION AND BOARD PRIOR TO FILING.

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

# FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
		TOTA T	PROGRAM SERVICES	MANAGEMENT	FUND-
		TOTAL	SERVICES	<u>&amp; GENERAL</u>	RAISING
OUTSIDE CONTRACT SERVICES		38,629.	38,629.		
	TOTAL \$	38,629.	\$ 38,629.	\$0.	\$0.

Schedule B (Form 990) (2021)		1	2 Page <b>2</b>			
Name of organization	Employe	r identification numb	per			
CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL	27-15	527559				
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
		(d)	<b>`</b>			

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>1</u>	CAL FIRE SAFE COUNCIL	\$164,931.	Person X Payroll Noncash (Complete Part II for	
	MCCLELLAN, CA 95652		noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	CA_DEPT_OF_FORESTRY & FIRE_PROTECT		Person X	
	P.O. BOX 944246	\$62 <u>,942.</u>	Noncash	
	SACRAMENTO, CA 94244-2460		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	SOUTHERN CALIFORNIA EDISON		Person X Payroll	
	2244 WALNUT GROVE AVE	\$20,000.	Noncash	
	ROSEMEAD, CA 91770		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
(a) No.	(b) Name, address, and ZIP + 4 CONEJO_OPEN_SPACE_CONSERV_AGENCY	(c) Total contributions	Person X	
	Name, address, and ZIP + 4	(c) Total contributions		
	Name, address, and ZIP + 4		Person X Payroll	
	Name, address, and ZIP + 4         CONEJO_OPEN_SPACE_CONSERV_AGENCY         2100_THOUSAND_OAKS_BLVD		Person X Payroll Noncash (Complete Part II for	
	Name, address, and ZIP + 4         CONEJO_OPEN_SPACE_CONSERV_AGENCY         2100_THOUSAND_OAKS_BLVD         THOUSAND_OAKS, CA_91362         (b)	\$40,291.	Person     X       Payroll	
4 (a) No.	Name, address, and ZIP + 4         CONEJO OPEN SPACE CONSERV AGENCY         2100 THOUSAND OAKS BLVD	\$40,291.	Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contribution	
4 (a) No.	Name, address, and ZIP + 4         CONEJO_OPEN_SPACE_CONSERV_AGENCY         2100_THOUSAND_OAKS_BLVD         THOUSAND_OAKS, CA_91362         (b)         Name, address, and ZIP + 4         CALIFORNIA_FIRE_FOUNDATION	\$40,291. (c) Total contributions	Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d)         Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contribution	
4 (a) No.	Name, address, and ZIP + 4         CONEJO OPEN SPACE CONSERV AGENCY         2100 THOUSAND OAKS BLVD         THOUSAND OAKS, CA 91362         (b)         Name, address, and ZIP + 4         CALIFORNIA FIRE FOUNDATION         1780 CREEKSIDE OAKS DR	\$40,291. (c) Total contributions	Person       X         Payroll	
4 (a) No.	Name, address, and ZIP + 4         CONEJO OPEN SPACE CONSERV AGENCY         2100 THOUSAND OAKS BLVD         THOUSAND OAKS, CA 91362         (b)         Name, address, and ZIP + 4         CALIFORNIA FIRE FOUNDATION         1780 CREEKSIDE OAKS DR         SACRAMENTO, CA 95833         (b)	\$40,291. Total contributions \$15,000.	Person       X         Payroll       X         Payroll       X         Noncash       X         (Complete Part II for noncash contributions.)       X         Person       X         Payroll       X         Noncash       X         Payroll       X         Noncash       X         Yupe of contributions.)       X         Person       X         Person       X         Person       X         Person       X         Person       X	
4 (a) No. 5 No.	Name, address, and ZIP + 4         CONEJO OPEN SPACE CONSERV AGENCY         2100 THOUSAND OAKS BLVD         THOUSAND OAKS, CA 91362         (b)         Name, address, and ZIP + 4         CALIFORNIA FIRE FOUNDATION         1780 CREEKSIDE OAKS DR         SACRAMENTO, CA 95833         (b)         Name, address, and ZIP + 4	\$40,291. Total contributions \$15,000.	Person       X         Payroll	

# Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RICHARD ATMORE, JR	BOARD MEMBER	708.	HIRED CHIPPER CREW		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information.	•	•			

Provide additional information for responses to questions on Schedule L (see instructions).

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Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Name of the organization CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL INC. Employer identification number 27-1527559

# FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE CVCFSC IMPLEMENTED THE FOLLOWING COMPLEX, MULTI-PARTNER, COUNTYWIDE WILDFIRE PREVENTION PROGRAMS IN 2021:

I. ORGANIZED 7 COMMUNITY CHIPPER DAYS AND 3 LARGE FUEL REDUCTION PROJECTS IN COMMUNITIES WITHIN THE WILDLAND URBAN INTERFACE. THE CHIPPER DAYS CLEARED OVER 40 ACRES OF VEGETATION, AND THE FUEL REDUCTION PROJECTS CLEARED 28 TONS. SOME OF OUR KEY PARTNERS FOR THIS WORK INCLUDED VENTURA COUNTY FIRE DEPARTMENT, FILLMORE FIRE, CALIFORNIA CONSERVATION CORPS, AND HOME OWNER ASSOCIATIONS.

II. FACILITATED OVER 60 EDUCATION AND OUTREACH PROGRAMS, WEBINARS, TOWN HALL MEETINGS AND WORKSHOPS THROUGHOUT THE COUNTY. WE ALSO CO-HOSTED A VIRTUAL INTERACTIVE SPEAKER SERIES WITH THE VENTURA COUNTY RESOURCE CONSERVATION DISTRICT. WE'VE BEEN IN THE NEWS TOO - FRONT PAGE OF THE VC STAR, WE WERE FEATURED IN THE ACORN AND THE OJAI VALLEY NEWS, AMONG OTHER PRINT AND SOCIAL MEDIA PLATFORMS. TO INCREASE INCLUSION AND EQUITY IN WILDFIRE PLANNING AND PREPAREDNESS, WE ORGANIZED EDUCATION, OUTREACH AND TRAINING PROGRAMS IN SPANISH. FOR EXAMPLE, TEN PROMOTORAS WERE TRAINED TO COMPLETE HOME HARDENING ASSESSMENTS WITHIN SPANISH SPEAKING COMMUNITIES. THE VENTURA REGIONAL FIRE SAFE COUNCIL IS ONE OF THE FIRST ORGANIZATION IN CALIFORNIA TO OFFER THIS TRAINING IN SPANISH.

III. COMPLETED 100 HOME HARDENING ASSESSMENTS THROUGHOUT THE COUNTY, FOCUSING PARTICULARLY IN PIRU AND THE GREATER CONEJO VALLEY.

IV. PROVIDED TWO 8-HOUR COURSES FOR HIRED VENDOR INCIDENT SAFETY AWARENESS. THESE <u>COURSES SUPPORT VENDORS THAT CONTRACT FOR SERVICE DURING MAJOR WILDFIRE INCIDENTS</u>. BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA4901L 08/10/21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization CENTRAL VENTURA COUNTY FIRE SAFE COUNCIL	Employer identification number
INC.	27-1527559

## FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE COURSES WERE TAUGHT BY WOODY BOUSKA WITH SURE-FIRE TRAINING, INC. AND THERE WERE OVER 60 PARTICIPANTS.

V. IN 2021, WE WERE AWARDED FUNDING TO UPDATE VENTURA COUNTY'S COMMUNITY WILDFIRE PROTECTION PLAN AND FACILITATE THE DEVELOPMENT OF 7 LOCAL PLANS. A CWPP PROVIDES A ROAD MAP OF ACTIONS FOR COMMUNITIES TO ADDRESS THE WILDFIRE THREAT. THROUGH A COLLABORATIVE, INTERACTIVE PROCESS, THE CWPPS WILL PRIORITIZE FUEL REDUCTION ACTIVITIES; AND RECOMMEND MEASURES THAT HOMEOWNERS AND OTHERS CAN TAKE TO SAFEGUARD THEIR COMMUNITIES.

VI. VENTURA REGIONAL FIRE SAFE COUNCIL'S GROWING CAPACITY: THE VENTURA REGIONAL FIRE SAFE COUNCIL PROVIDES ESSENTIAL WILDFIRE MITIGATION AND AWARENESS PROGRAMS THAT ENABLE VENTURA COUNTY'S RESILIENT AND TREASURED COMMUNITIES TO LIVE MORE SAFELY WITH WILDFIRE. WE ARE LED BY A SKILLED BOARD OF DIRECTORS AND AN ACTIVE ADVISORY BOARD. THE BOARD BRINGS A DEEP AND BROAD UNDERSTANDING OF WILDFIRE MITIGATION, RESOURCES, MAPPING, LOCAL LEGISLATORS, AND CONTENT EXPERTISE. THE STAFF LEADERSHIP INCLUDES THE EXECUTIVE DIRECTOR, PROGRAMS MANAGER AND ADMINISTRATIVE/FINANCE MANAGER WITH SUPPORT FROM SUPPORT STAFF AND OVER A DOZEN VOLUNTEERS AND CONSULTANTS. THE FIRE SAFE COUNCIL HAS STRONG POLICIES AND PROCEDURES IN PLACE, A WELL-COORDINATED STRUCTURE BETWEEN BOARD AND STAFF, FUND-RAISING EXPERTISE AND PROGRAMS THAT REFLECT COMMUNITY DRIVEN PRIORITIES.

# FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED DIRECTOR OF OPERATION AND BOARD PRIOR TO FILING.

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.