

**KIRKWOOD VOLUNTEER FIRE DEPARTMENT,
a Nonprofit Public Benefit Corporation**

**Annual Meeting of the Board of Directors
AGENDA**

Time: 1:00 PM Annual Meeting
Date: Friday, August 11, 2023
Location: Zoom Webinar: <https://us02web.zoom.us/j/84481468671>

1. **CALL TO ORDER** *President Christeson*
2. **ROLL CALL** *Director Dornbrook*
3. **ACTION ITEMS**
 - a. Review and Approve Minutes of March 10, 2022 Meeting.
 - b. Federal and State Tax Filing Obligations.
 - c. Continued Monitoring of KVFD Finances by KMPUD Finance Committee
 - d. Election of Directors & Officers – One-Year Term.
 - e. Conflict of Interest Policy – Annual Renewal.
 - f. Fire Education Tuition Reimbursement Program.
 - g. Fire Stipend Increase Funding.
 - i. FY 2022/2023
 - ii. FY 2023/2024
4. **GENERAL DISCUSSION** Opportunity for Board Members to Ask Questions for Clarification, or to request to Place a Matter on a Subsequent Agenda.
5. **ADJOURNMENT** This Board is required to meet annually. The next meeting is tentatively scheduled for Friday, August 9, 2024.

**MINUTES OF A REGULAR MEETING OF THE
KIRKWOOD VOLUNTEER FIRE DEPARTMENT,
A NON-PROFIT PUBLIC BENEFIT CORPORATION**
THURSDAY, MARCH 10, 2022
AT THE HOUR OF 4:00 PM

CALL TO ORDER: The meeting was called to order by Kirkwood Volunteer Fire Department (KVFD) President, Christeson at 4:00 PM

ANNOUNCEMENTS: KVFD President Christeson announced that the Kirkwood Volunteer Fire Department was organized as a non-profit charitable organization on October 9, 2014 as a 501c3. The specific purpose of this Corporation is to perform fundraising activities in support of the Kirkwood Volunteer Fire Department and Kirkwood community. This Corporation is required to hold an annual Board meeting.

DIRECTORS PRESENT: Directors of the Corporation Erik Christeson, Eric Richert, and Peter Dornbrook.

MEMBERS ABSENT: None

MEMBER VIA TELECONFERENCE: Erik Christeson, Eric Richert, and Peter Dornbrook

ORAL COMMUNICATION/
PUBLIC INPUT: None

OLD BUSINESS: None

3.a. AGENDA ITEM: Review and Approval of Minutes of April 10, 2021 Meeting.
Director Richert motioned to approve the meeting minutes of the April 10, 2021 Annual Meeting as written. Director Dornbrook seconded the motion and it carried by the following roll call vote:

AYES: President Christeson, Directors Richert, and Dornbrook

NOES: None

ABSENT: None

ABSTAINING: None

3.b. AGENDA ITEM: Review and approve Special Minutes of October 20, 2021 Meeting.

Director Richert motioned to approve the special meeting minutes of the October 20, 2021 Special Meeting as written. Director Dornbrook seconded the motion and it carried by the following roll call vote:

AYES: President Christeson, Directors Richert, and Dornbrook

NOES: None

ABSENT: None

ABSTAINING: None

3.c. AGENDA ITEM: Federal and State Tax Filing Obligations

With gross receipts total of \$155,096 in Fiscal Year 2021, Form CARRF-1 Tax Reporting Package was filed by Regalia and Associates CPAS. Form CARRF-1 was provided to the Board for review.

3.d. AGENDA ITEM: Inclusion and Monitoring of KVFD Finances by KMPUD Finance Committee

Director Richert motioned to continue to include monitoring of the KVFD Finances by the KMPUD Finance Committee and Board. Director Dornbrook seconded the motion and it carried by the following roll call vote:

AYES: President Christeson, Directors Richert, and Dornbrook

NOES: None

ABSENT: None

ABSTAINING: None

3.e. AGENDA ITEM: Election of Directors and Officers. In accordance with the Bylaws of this Corporation, Directors and Officers are elected to hold office for a one-year term and must be re-elected annually. Director Dornbrook motioned to elect Bob Epstein, Peter Dornbrook, and Erik Christeson as KVFD Directors, and re-elect Erik Christeson, President, Kelly McBride, Treasurer, and Jessica Gillies, Secretary as KVFD

Officers for the 2021-2022 year, who will all serve a 1-year term in this capacity. Director Richert seconded the motion and it carried by the following roll call vote:

AYES: President Christeson, Directors Richert, and Dornbrook

NOES: None

ABSENT: None

ABSTAINING: None

3.f. AGENDA ITEM:

Conflict of Interest Policy. Directors and Officers were provided a copy of the Conflict of Interest policy, and signed statements indicating they have read and understand same are filed in the corporate book.

Director Epstein motioned to approve the Conflict of Interest Policy as presented. Director Dornbrook seconded the motion and it carried by the following roll call vote:

AYES: President Christeson, Directors Epstein, and Dornbrook

NOES: None

ABSENT: None

ABSTAINING: None

3.g. AGENDA ITEM:

Kirkwood Firewise Website Grant Request.

The Kirkwood Firewise Committee submitted a grant request to the KVFD 501(c)3 in the amount of \$3500 to be used for website development.

Director Dornbrook motioned to approve the Kirkwood Firewise Committee's grant requested as submitted. Director Epstein seconded the motion and it carried by the following roll call vote:

AYES: President Christeson, Directors Richert, and Dornbrook

NOES: None

ABSENT: None

ABSTAINING: None

3.h. AGENDA ITEM:

Fire Education Tuition Reimbursement Pilot Program.

At the KVFD 501(c)3 special meeting held on October 20, 2021, the Board approved to use up to \$10,000 of the unsolicited donations received in 2021 as seed money to start a Fire Education Tuition Reimbursement Pilot Program. Staff researched similar tuition reimbursement programs and provided the following recommendations:

- The KVFD 501(c)3 will reimburse the entire cost of tuition and required class materials to any KVFD volunteers who satisfactorily completes a pre-approved training class(es) or course.
- To be eligible for reimbursement of course costs, KVFD volunteers must receive advance approval for the class(es) from the Fire Chief. Requests for reimbursement must be submitted in writing. The KVFD volunteer will be notified of final approval, or reason for disapproval.
- Upon completion of the class(es) the KVFD volunteers are responsible for sending copies of the grade slip(s), certificate of completion, and educational expense receipt(s) for the Fire Chief.
- Eligible KVFD volunteers must be on the volunteer fire department six months prior to submitting a written request for tuition reimbursement for approval consideration.
- Reimbursement requests for travelling expenses, parking fees, meals and lodging will not be considered or reimbursed.
- Reimbursements are at \$2,500.00 per volunteer, per fiscal year.

Director Epstein motioned to approve the Fire Education and Tuition Reimbursement Pilot Program as presented. Director Dornbrook seconded the motion and it carried by the following roll call vote:

AYES: President Christeson, Directors Richert, and Dornbrook

NOES: None

ABSENT: None

ABSTAINING: None

4. AGENDA ITEM: General Discussion. Opportunity for Board Members to ask questions for clarification, provide information to Staff, Committee updates, request Staff to report back on a matter, or to direct staff to place a matter on a subsequent Agenda.

None

NEXT MEETING: This Corporation requires the Directors and Officers to meet annually. The next meeting is tentatively scheduled for Thursday, April 13, 2023.

5. ADJOURNMENT: There being no further business, the meeting was adjourned at 4:20 PM.

Brittnie Morris, Acting Secretary

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **7/01**, **2021**, and ending **6/30**, **2022**

| | | | |
|--|--|---|--|
| B Check if applicable: | C | D Employer identification number | |
| <input type="checkbox"/> Address change | KIRKWOOD VOLUNTEER FIRE DEPARTMENT PO BOX 247 KIRKWOOD, CA 95646 | 47-1853858 | |
| <input type="checkbox"/> Name change | | E Telephone number | |
| <input type="checkbox"/> Initial return | | 209-258-4444 | |
| <input type="checkbox"/> Final return/terminated | | G Gross receipts \$ | 291,171. |
| <input type="checkbox"/> Amended return | | F Name and address of principal officer: ERIK CHRISTESON | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Application pending | SAME AS C ABOVE | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions.</small> | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ | |
| J Website: ▶ WWW.KMPUD.COM | | L Year of formation: 2014 M State of legal domicile: CA | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | |

Part I Summary

| | | | | |
|------------------------------------|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE KIRKWOOD VOLUNTEER FIRE DEPARTMENT, IS TO PROVIDE SUPPORT AND ASSISTANCE TO: (1) THE KIRKWOOD VOLUNTEER FIRE DEPARTMENT (KVFD), TO ENSURE THE SAFETY AND WELFARE OF BOTH THE RESIDENTS AND GUESTS OF KIRKWOOD; AND (2) TO [CONTINUED AT TOP OF FORM 990 PAGE 2]</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 4 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 4 |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 7 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 155,096. | 291,171. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -24,125. |
| | 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 155,096. | 267,046. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 144,500. | 8,701. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 7,074. | 25,040. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 151,574. | 33,741. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 3,522. | 233,305. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 219,016. | 606,920. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 9,191. | 163,790. |
| | | | 209,825. | 443,130. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | |
|-------------------------------|--|----------------------|---|
| Sign Here | Signature of officer | Date | |
| | ERIK CHRISTESON <small>Type or print name and title</small> | PRESIDENT | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date |
| | DOUGLAS W. REGALIA | | 03-21-2023 |
| | Firm's name | Firm's EIN ▶ | Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN |
| | REGALIA & ASSOCIATES CPAS | 68-0260103 | P00186389 |
| | Firm's address | Phone no. | |
| | 103 TOWN & COUNTRY DR STE K DANVILLE, CA 94526 | (925) 314-0390 | |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROMOTE ACTIVITIES AND IMPROVEMENTS THAT WILL BENEFIT THE COMMUNITY BOTH ENVIRONMENTALLY AND RECREATIONALLY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ 31,208. including grants of \$ 8,701.) (Revenue \$)

THE KIRKWOOD VOLUNTEER FIRE DEPARTMENT (KVFD) PROVIDES FIRE SAFETY AND PROTECTION SERVICES TO 400 RESIDENTIAL AND COMMERCIAL STRUCTURES IN THE COMMUNITY AND NEARBY AREAS. SUPPORT IS PROVIDED BY RAISING AWARENESS IN THE COMMUNITY AND SOLICITING DONATIONS FOR NEW EQUIPMENT RELATED TO SAFETY AND FIRE PREVENTION MEASURES.

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

THE KVFD SEEKS CONTRIBUTIONS THAT HELP MAKE THE MEDICAL SERVICES PROVIDED BY THE KIRKWOOD VOLUNTEER FIRE DEPARTMENT POSSIBLE, INCLUDING RAISING FUNDS THAT ARE USED FOR TRAINING VOLUNTEERS (IN CPR AND OTHER SPECIALIZED CLASSES), AND FOR EMS EQUIPMENT AND SUPPLIES THAT ARE NOT PROVIDED FOR IN THE COUNTY EMS PROGRAM.

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

THE KMPUD OFFERS RECREATION SERVICES THAT INCLUDE A CHILDREN'S PLAYGROUND AND TENNIS COURTS, AND WITH A PLANNED HIKING TRAIL, HAS A RESPONSIBILITY TO PROMOTE ENVIRONMENTAL AWARENESS. RECENT PROGRAMS INCLUDE A RECYCLING INITIATIVE AND EDUCATING RESIDENTS AND BUSINESSES ON WATER CONSERVATION EFFORTS. A FUTURE HIKING TRAIL BUILT BY VOLUNTEERS IN AN ENVIRONMENTALLY SENSITIVE MEADOW WILL PROTECT WETLANDS AND DRAINAGE AREAS, AND EDUCATE USERS WITH SIGNAGE OFFERING FACTS ABOUT NATIVE WILDLIFE AND PLANTS.

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

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

4e Total program service expenses 31,208.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

| | | Yes | No |
|--|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b | | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a | | X |
| b | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a | | X |
| b | If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | | X |
| c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a | | X |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a | | X |
| b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c | | X |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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? 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12. 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b | | |
| 11 | 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 | | |
| 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 | | |
| 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? 13a | | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? 14a | | X |
| b | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 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 | | |
| If 'Yes,' complete Form 6069. | | | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|------------|--|-----|----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year. 1 a 4 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. | | |
| 1 b | Enter the number of voting members included on line 1a, above, who are independent. 1 b 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7 b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8 a | The governing body? | X | |
| 8 b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. | | X |

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

| | | Yes | No |
|-------------|--|-----|----|
| 10 a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10 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? | X | |
| 11 b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | | |
| 12 a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13. | | X |
| 12 b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12 c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O | | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15 a | The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O. | X | |
| 15 b | Other officers or key employees of the organization. SEE SCHEDULE O. | X | |
| | If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16 a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16 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? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 TOMMY BAGGETT PO BOX 247 KIRKWOOD CA 95646 209-258-4444

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ERIK CHRISTESON PRESIDENT | 25 0 | X | | X | | | | 0. | 0. | 0. |
| (2) ERIC RICHERT DIRECTOR | 2 0 | X | | | | | | 0. | 0. | 0. |
| (3) PETER DORNBROOK DIRECTOR | 5 0 | X | | | | | | 0. | 0. | 0. |
| (4) ROBERT EPSTEIN DIRECTOR | 3 0 | X | | | | | | 0. | 0. | 0. |
| (5) JESSICA GILLIES SECRETARY | 15 0 | | | X | | | | 0. | 0. | 0. |
| (6) KELLY MCBRIDE TREASURER | 35 0 | | | X | | | | 0. | 0. | 0. |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (15) ----- | | | | | | | | | |
| (16) ----- | | | | | | | | | |
| (17) ----- | | | | | | | | | |
| (18) ----- | | | | | | | | | |
| (19) ----- | | | | | | | | | |
| (20) ----- | | | | | | | | | |
| (21) ----- | | | | | | | | | |
| (22) ----- | | | | | | | | | |
| (23) ----- | | | | | | | | | |
| (24) ----- | | | | | | | | | |
| (25) ----- | | | | | | | | | |

| | | | |
|--|----|----|----|
| 1 b Subtotal | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | 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 **0**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> | | 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? <i>If 'Yes,' complete Schedule J for such individual.</i> | | 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? <i>If 'Yes,' complete Schedule J for such person.</i> | | 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) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|--|--|---|--|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1 a Federated campaigns | 1 a | | | | |
| | b Membership dues | 1 b | | | | |
| | c Fundraising events | 1 c 71,605. | | | | |
| | d Related organizations | 1 d | | | | |
| | e Government grants (contributions) | 1 e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1 f 219,566. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1 g 21,825. | | | | |
| | h Total. Add lines 1a-1f | ▶ 291,171. | | | | |
| | Program Service Revenue | 2 a Business Code | | | | |
| b ----- | | | | | | |
| c ----- | | | | | | |
| d ----- | | | | | | |
| e ----- | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | ▶ | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | 6 a | | | | |
| | | b Less: rental expenses | 6 b | | | |
| | c Rental income or (loss) | 6 c | | | | |
| | d Net rental income or (loss) | ▶ | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | 7 a | | | | |
| | | b Less: cost or other basis and sales expenses | 7 b | | | |
| | c Gain or (loss) | 7 c | | | | |
| d Net gain or (loss) | ▶ | | | | | |
| 8 a Gross income from fundraising events (not including \$ 71,605. of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | 8 a | | | | | |
| | b Less: direct expenses | 8 b 24,125. | | | | |
| c Net income or (loss) from fundraising events | ▶ -24,125. | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| | 9 a | | | | | |
| | b Less: direct expenses | 9 b | | | | |
| c Net income or (loss) from gaming activities | ▶ | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | | | | | | |
| | 10 a | | | | | |
| | b Less: cost of goods sold | 10 b | | | | |
| c Net income or (loss) from sales of inventory | ▶ | | | | | |
| Miscellaneous Revenue | 11 a Business Code | | | | | |
| | b ----- | | | | | |
| | c ----- | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | ▶ | | | | |
| | 12 Total revenue. See instructions | ▶ 267,046. | 0. | 0. | -24,125. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 8,294. | 8,294. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 407. | 407. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 Compensation not included above to 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 | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 1,212. | | 1,212. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>SUPPLIES & OPERATING MATERIALS</u> | 22,557. | 22,507. | 50. | |
| b <u>BANK & SERVICE FEES</u> | 1,271. | | 1,271. | |
| c ----- | | | | |
| d ----- | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 33,741. | 31,208. | 2,533. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash – non-interest-bearing | 149,902. | 1 | 527,921. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | 2,568. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 76,431. | | |
| | b Less: accumulated depreciation | 10b | 69,114. | 10c 76,431. |
| | 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) | | 219,016. | 16 | 606,920. |
| Liabilities | 17 Accounts payable and accrued expenses | 9,191. | 17 | |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | 163,790. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | | 9,191. | 26 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 209,825. | 27 | 443,130. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances. | 209,825. | 32 | 443,130. |
| 33 Total liabilities and net assets/fund balances. | | 219,016. | 33 | 606,920. |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 267,046. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 33,741. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 233,305. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 209,825. |
| 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, column (B)) | 10 | 443,130. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|--|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ | | |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O. | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2 b | Were the organization's financial statements audited by an independent accountant? | | X |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2 c | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 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? | | X |
| 3 b | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| | |
|---|---|
| Name of the organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|---|---|

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | 13,765. | 15,165. | 170,719. | 155,096. | 291,171. | 645,916. |
| 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. | 13,765. | 15,165. | 170,719. | 155,096. | 291,171. | 645,916. |
| 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) | | | | | | 97,912. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 548,004. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4. | 13,765. | 15,165. | 170,719. | 155,096. | 291,171. | 645,916. |
| 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. | | | | | | 645,916. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 0. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)). | 14 | 84.84 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14. | 15 | 67.89 % |

- 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 **33-1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶
- b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513. | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). | 15 | % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15. | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). | 17 | % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17. | 18 | % |

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | |
| b A family member of a person described on line 11a above? | 11b | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI . | 11c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 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. | 2 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | |

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 Part VI how 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 Part VI the role the organization's supported organizations played in this regard. | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|--|----|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| 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. | 2a | | |
| 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. | 2b | | |
| 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 . | 3a | | |
| 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. | 3b | | |

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

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

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

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

| Section C – Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

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

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

| Section D – Distributions | | Current Year |
|----------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required – provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (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 – explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h 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: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c 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, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

BAA

Schedule A (Form 990) 2021

Part VI

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

Employer identification number

47-1853858

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|--|--|
| Name of organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | TIMOTHY AND WENDY MCADAM 250 MIDDLEFIELD RD. MENLO PARK, CA 94025 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ROBERT EPSTEIN AND AMY ROTH 618 SANTA BARBARA ROAD BERKELEY, CA 94707 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | BESSEMER TRUST 100 WOODBRIDGE CENTER DR. WOODBIDGE, NJ 07095 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | FALLON FAMILY REVOCABLE TRUST 95 PATRICIA DR. ATHERTON, CA 94027 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | MCFARREN CHARITABLE FUND 1776 BRUSH DR. CARSON CITY, NV 89703 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | JOHN LONGINOTTI 1945 YOSEMITE RD. BERKELEY, CA 94707 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|--|--|

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 | SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL #300 MOUNTAIN VIEW, CA 94040 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | THOMAS & STEPHANIE HARMAN FAMILY 991 LA MESA DR. PORTOLA VALLEY, CA 94028 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | DAVID & LUCILE PACKARD FOUNDATION 40 E MAIN ST., SUITE 887 NEWARK, DE 19711 | \$ 16,020. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | DENNIS GULSEN 3029 SEABROOK CT. REDWOOD CITY, CA 94065 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | COMMUNITY SERVICE SOLUTIONS PO BOX 346 COLEVILLE, CA 96107 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | BENEVITY COMMUNITY IMPACT FUND 40 E MAIN ST., SUITE 887 NEWARK, DE 19711 | \$ 7,004. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|--|--|

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 |
|------------|--|----------------------------|---|
| 13 | MARK SAMBRAILO 1275 38TH AVE SAN FRANCISCO, CA 94122 | \$ 5,145. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | CE & BERNIECE PATTERSON CHARITABLE 89 DAVIS RD #100 ORINDA, CA 94563 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | VAGELOS WISSINK FAMILY CHARITABLE F 800 LATHROP DR. STANFORD, CA 94305 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | COBB FAMILY PO BOX 247 KIRKWOOD, CA 95646 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | CLAVIER FAMILY DAF PO BOX 247 KIRKWOOD, CA 95646 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | STUKALOV/SEPPIUS FUND 715 ASHBY DR PALO ALTO, CA 94301 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|---|---|

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

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

| | |
|---|--|
| Name of organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|---|--|

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| N/A | | | |
| ----- | | | |
| ----- | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| ----- | | | |
| ----- | | | |
| ----- | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| ----- | | | |
| ----- | | | |
| ----- | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| ----- | | | |
| ----- | | | |
| ----- | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- | ----- |
| ----- | ----- |
| ----- | ----- |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

Employer identification number

47-1853858

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

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).
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.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d for conservation easement details.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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:
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:

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 76,431. | | 76,431. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 76,431.

Part VII Investments – Other Securities.

N/A

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

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

Part VIII Investments – Program Related.

N/A

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (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. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ▶ | |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶ | |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. 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 | 2 a | | |
| | b Donated services and use of facilities | 2 b | | |
| | c Recoveries of prior year grants | 2 c | | |
| | d Other (Describe in Part XIII.) | 2 d | | |
| | e Add lines 2 a through 2 d | | 2 e | |
| 3 | Subtract line 2 e 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 | 4 a | | |
| | b Other (Describe in Part XIII.) | 4 b | | |
| | c Add lines 4 a and 4 b | | 4 c | |
| 5 | Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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 | 2 a | | |
| | b Prior year adjustments | 2 b | | |
| | c Other losses | 2 c | | |
| | d Other (Describe in Part XIII.) | 2 d | | |
| | e Add lines 2 a through 2 d | | 2 e | |
| 3 | Subtract line 2 e 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 | 4 a | | |
| | b Other (Describe in Part XIII.) | 4 b | | |
| | c Add lines 4 a and 4 b | | 4 c | |
| 5 | Total expenses. Add lines 3 and 4 c . (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.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

Employer identification number

47-1853858

Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | | | 0. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|----|--|--------------|------------------------|--|----------|
| | | SUMMER FESTIVA (event type) | (event type) | NONE (total number) | (add column (a) through column (c)) | |
| Revenue | 1 | Gross receipts | 71,605. | | 71,605. | |
| | 2 | Less: Contributions | 71,605. | | 71,605. | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 24,125. | | 24,125. | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 24,125. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -24,125. |

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) | |
|-----------------|---|--|---|---|---|--|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

Employer identification number

47-1853858

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) KIRKWOOD MEADOWS PUD 33540 LOOP ROAD KIRKWOOD, CA 95646 | | | 0. | 8,294. | PURCHASE PRICE | TURNOUTS | |
| (2) ----- ----- ----- | | | | | | | |
| (3) ----- ----- ----- | | | | | | | |
| (4) ----- ----- ----- | | | | | | | |
| (5) ----- ----- ----- | | | | | | | |
| (6) ----- ----- ----- | | | | | | | |
| (7) ----- ----- ----- | | | | | | | |
| (8) ----- ----- ----- | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

Employer identification number

47-1853858

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

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT. AFTER A FULL REVIEW, THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT AUTHORIZES THE FINAL FORM 990 WHICH IS THEN E-FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

KIRKWOOD VOLUNTEER FIRE DEPARTMENT HAS NO EMPLOYEES. THE ACTIVITIES OF THE ORGANIZATION ARE CARRIED OUT BY AN ALL-VOLUNTEER BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

KIRKWOOD VOLUNTEER FIRE DEPARTMENT HAS NO EMPLOYEES. THE ACTIVITIES OF THE ORGANIZATION ARE CARRIED OUT BY AN ALL-VOLUNTEER BOARD OF DIRECTORS.

Name of the organization

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

Employer identification number

47-1853858

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

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO OUR WEBSITE AND TO WWW.GUIDESTAR.ORG (WHERE THEY ARE AVAILABLE FOR VIEWING AS ELECTRONIC COPIES) AND ARE ALSO AVAILABLE BY REQUEST FROM THE ORGANIZATION'S OFFICE.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|---|---|--|
| <p>Type or print</p> <p>File by the due date for filing your return. See instructions.</p> | <p>Name of exempt organization or other filer, see instructions.</p> <p>KIRKWOOD VOLUNTEER FIRE DEPARTMENT</p> <p>Number, street, and room or suite number. If a P.O. box, see instructions.</p> <p>PO BOX 247</p> <p>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</p> <p>KIRKWOOD, CA 95646</p> | <p>Taxpayer identification number (TIN)</p> <p>47-1853858</p> |
|---|---|--|

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |
| Form 990-T (corporation) | 07 | | |

• The books are in the care of ▶ TOMMY BAGGETT -----

Telephone No. ▶ 209-258-4444 ----- Fax No. ▶ 209-258-8727 -----

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ . If it is for part of the group, check this box ... ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 7/01, 2021, and ending 6/30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|--|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

CLIENT 202026

**REGALIA & ASSOCIATES CPAS
103 TOWN & COUNTRY DR STE K
DANVILLE, CA 94526
(925) 314-0390**

March 21, 2023

Erik Christeson
Kirkwood Volunteer Fire Department
PO Box 247
Kirkwood, CA 95646

Dear Eric:

Enclosed for your review:

| | |
|------------|--|
| Form 990 | 2021 Return of Organization Exempt from Income Tax |
| Form 199 | 2021 California Exempt Organization Return |
| Form RRF-1 | 2022 Registration/Renewal Fee Report |

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

Douglas W. Regalia

2021

FEDERAL FILING INSTRUCTIONS

CLIENT 202026

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

47-1853858

3/21/23

06:22AM

ELECTRONICALLY FILED:

FORM 990 - 2021 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-TE - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

CLIENT 202026

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

47-1853858

3/21/23

6:22 AM

| | 2021 | 2020 | DIFF |
|--|---------|---------|----------|
| REVENUE | | | |
| CONTRIBUTIONS AND GRANTS..... | 291,171 | 155,096 | 136,075 |
| OTHER REVENUE..... | -24,125 | 0 | -24,125 |
| TOTAL REVENUE..... | 267,046 | 155,096 | 111,950 |
| EXPENSES | | | |
| GRANTS AND SIMILAR AMOUNTS PAID..... | 8,701 | 144,500 | -135,799 |
| OTHER EXPENSES..... | 25,040 | 7,074 | 17,966 |
| TOTAL EXPENSES..... | 33,741 | 151,574 | -117,833 |
| NET ASSETS OR FUND BALANCES | | | |
| REVENUE LESS EXPENSES..... | 233,305 | 3,522 | 229,783 |
| TOTAL ASSETS AT END OF YEAR..... | 606,920 | 219,016 | 387,904 |
| TOTAL LIABILITIES AT END OF YEAR..... | 163,790 | 9,191 | 154,599 |
| NET ASSETS/FUND BALANCES AT END OF YEAR..... | 443,130 | 209,825 | 233,305 |

| | 2021 | 2020 | DIFF |
|---|---------|---------|---------|
| RECEIPTS AND REVENUES | | | |
| GROSS CONTRIBUTIONS, GIFTS, & GRANTS..... | 291,171 | 155,096 | 136,075 |
| TOTAL GROSS RECEIPTS..... | 291,171 | 155,096 | 136,075 |
| TOTAL COSTS..... | 0 | 0 | 0 |
| TOTAL GROSS INCOME..... | 291,171 | 155,096 | 136,075 |
| EXPENSES | | | |
| TOTAL EXPENSES..... | 57,866 | 151,574 | -93,708 |
| EXCESS RECEIPTS OVER EXPENSES..... | 233,305 | 3,522 | 229,783 |
| FILING FEE | | | |
| FILING FEE..... | 0 | 0 | 0 |
| BALANCE DUE..... | 0 | 0 | 0 |

2021

GENERAL INFORMATION

PAGE 1

CLIENT 202026

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

47-1853858

3/21/23

06:22AM

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH I, SCH O, 8868
CALIFORNIA: 199, SCH B, 8453-EO, E-FILE INSTRUCTIONS, RRF-1

CARRYOVERS TO 2022

NONE

CLIENT 202026

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

47-1853858

3/21/23

06:22AM

**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

| | PROGRAM SERVICES TOTAL | FORM 990 | SOURCE |
|----------------|------------------------------|----------|----------------------------|
| TOTAL EXPENSES | 31,208. | 31,208. | PART IX, LINE 25, COL. B |
| GRANTS | 8,701. | 8,701. | PART IX, LINES 1-3, COL. B |
| REVENUE | 0. | 0. | PART VIII, LINE 2, COL. A |

**EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5**

| | 2017 | 2018 | 2019 | 2020 | 2021 | TOTAL | 2% AMT | EXCESS |
|-----------------------------------|-------|--------|--------|--------|--------|---------|--------|--------|
| PATTERSON CHARITABLE | 0 | 5,000 | 20,000 | 0 | 0 | 25,000 | 12,918 | 12,082 |
| FURLONG-GARD TRUST | 5,000 | 5,000 | 5,000 | 70,000 | 0 | 85,000 | 12,918 | 72,082 |
| FRANK BIEN | 0 | 0 | 5,000 | 0 | 0 | 5,000 | 0 | 0 |
| VICTOR AND LINDA DRA | 0 | 0 | 5,000 | 0 | 0 | 5,000 | 0 | 0 |
| TIMOTHY AND WENDY MC | 0 | 0 | 5,000 | 0 | 5,000 | 10,000 | 0 | 0 |
| ROBERT EPSTEIN AND A | 0 | 0 | 10,000 | 0 | 10,000 | 20,000 | 12,918 | 7,082 |
| STANDISH AND ANNE O' | 0 | 0 | 10,000 | 5,000 | 0 | 15,000 | 12,918 | 2,082 |
| JON AND PAM SHIELDS | 0 | 0 | 10,000 | 0 | 0 | 10,000 | 0 | 0 |
| JAN ELLISON AND DAVI | 0 | 0 | 10,000 | 0 | 0 | 10,000 | 0 | 0 |
| MEG CALDWELL | 0 | 0 | 14,400 | 0 | 0 | 14,400 | 12,918 | 1,482 |
| DAVID & LUCILE PACKARD FOUNDATION | 0 | 0 | 0 | 0 | 16,020 | 16,020 | 12,918 | 3,102 |
| STUKALOV/SEPPIUS FUND | 0 | 0 | 0 | 0 | 10,000 | 10,000 | 0 | 0 |
| | 5,000 | 10,000 | 94,400 | 75,000 | 41,020 | 225,420 | 77,508 | 97,912 |

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 20 2022

2021

Department of the Treasury
Internal Revenue Service

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

Name of filer

EIN or SSN

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

47-1853858

Name and title of officer or person subject to tax

ERIK CHRISTESON PRESIDENT

Part I Type of Return and Return Information

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

| | | | | |
|--|-------------------------------------|---|------------|-----------------|
| 1a Form 990 check here | <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <u>267,046.</u> |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | _____ |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b | _____ |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | _____ |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | _____ |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | _____ |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b | _____ |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | _____ |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | _____ |

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize REGALIA & ASSOCIATES CPAS to enter my PIN 20202 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ►

Date ►

Part III Certification and Authentication

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

68620568504

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► DOUGLAS W. REGALIA

Date ►

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

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 7/01/2021, and ending (mm/dd/yyyy) 6/30/2022. Corporation/Organization name KIRKWOOD VOLUNTEER FIRE DEPARTMENT. California corporation number 3653693. FEIN 47-1853858. Street address PO BOX 247. City KIRKWOOD. State CA. Zip code 95646.

A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return? E Check accounting method: 1 Cash 2 Accrual 3 Other. F Federal return filed? G Is this a group filing? H Is this organization in a group exemption. I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 2 columns: Description and Amount. Rows 1-8: Receipts and Revenues. Row 1: Gross sales or receipts from other sources. Row 2: Gross dues and assessments from members and affiliates. Row 3: Gross contributions, gifts, grants, and similar amounts received. Row 4: Total gross receipts for filing requirement test. Row 5: Cost of goods sold. Row 6: Cost or other basis, and sales expenses of assets sold. Row 7: Total costs. Row 8: Total gross income.

Table with 2 columns: Description and Amount. Rows 9-10: Expenses. Row 9: Total expenses and disbursements. Row 10: Excess of receipts over expenses and disbursements.

Table with 2 columns: Description and Amount. Rows 11-16: Filing Fee. Row 11: Total payments. Row 12: Use tax. Row 13: Payments balance. Row 14: Use tax balance. Row 15: Penalties and interest. Row 16: Balance due.

Sign Here. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: PRESIDENT. Date: [blank]. Telephone: 209-258-4444.

Paid Preparer's Use Only. Preparer's signature: DOUGLAS W. REGALIA. Date: 03-21-2023. Check if self-employed: [blank]. Firm's name: REGALIA & ASSOCIATES CPAS. Address: 103 TOWN & COUNTRY DR STE K, DANVILLE, CA 94526. Firm's FEIN: P00186389. Telephone: 68-0260103, (925) 314-0390.

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

| | | | | | |
|------------------------------------|----|---|---|----|---------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions. | ● | 1 | |
| | 2 | Interest | ● | 2 | |
| | 3 | Dividends | ● | 3 | |
| | 4 | Gross rents | ● | 4 | |
| | 5 | Gross royalties | ● | 5 | |
| | 6 | Gross amount received from sale of assets (See instructions) | ● | 6 | |
| | 7 | Other income. Attach schedule | ● | 7 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. | | 8 | |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 1 | ● | 9 | 8,701. |
| | 10 | Disbursements to or for members | ● | 10 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2 | ● | 11 | 0. |
| | 12 | Other salaries and wages | ● | 12 | |
| | 13 | Interest | ● | 13 | |
| | 14 | Taxes | ● | 14 | |
| | 15 | Rents | ● | 15 | |
| | 16 | Depreciation and depletion (See instructions) | ● | 16 | |
| | 17 | Other expenses and disbursements. Attach schedule. SEE STATEMENT 3 | ● | 17 | 49,165. |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. | | 18 | 57,866. |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|----------------------------------|------------|----------------------------|------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 149,902. | | 527,921. |
| 2 | Net accounts receivable | | | | |
| 3 | Net notes receivable | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds | | | | |
| 7 | Investments in stock | | | | |
| 8 | Mortgage loans | | | | |
| 9 | Other investments. Attach schedule | | | | |
| 10a | Depreciable assets | 69,114. | | 76,431. | |
| b | Less accumulated depreciation | | 69,114. | | 76,431. |
| 11 | Land | | | | |
| 12 | Other assets. Attach schedule. STM 4 | | | | 2,568. |
| 13 | Total assets | | 219,016. | | 606,920. |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | 9,191. | | |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule. STM 5 | | | | 163,790. |
| 19 | Capital stock or principal fund | | 209,825. | | 443,130. |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | | | |
| 22 | Total liabilities and net worth | | 219,016. | | 606,920. |

| Schedule M-1 Reconciliation of income per books with income per return | | | |
|--|--|---|----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. | | | |
| 1 | Net income per books | ● | 233,305. |
| 2 | Federal income tax | ● | |
| 3 | Excess of capital losses over capital gains | ● | |
| 4 | Income not recorded on books this year. Attach schedule | ● | |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | ● | |
| 6 | Total. Add line 1 through line 5. | | 233,305. |
| 7 | Income recorded on books this year not included in this return. Attach schedule | ● | |
| 8 | Deductions in this return not charged against book income this year. Attach schedule | ● | |
| 9 | Total. Add line 7 and line 8 | | |
| 10 | Net income per return. Subtract line 9 from line 6. | | 233,305. |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CALIFORNIA COPY Schedule of Contributors

OMB No. 1545-0047

2021

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

Name of the organization: KIRKWOOD VOLUNTEER FIRE DEPARTMENT
Employer identification number: 47-1853858

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

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

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

General Rule

- [X] 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...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

| | |
|--|--|
| Name of organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|--|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | TIMOTHY AND WENDY MCADAM 250 MIDDLEFIELD RD. MENLO PARK, CA 94025 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ROBERT EPSTEIN AND AMY ROTH 618 SANTA BARBARA ROAD BERKELEY, CA 94707 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | BESSEMER TRUST 100 WOODBRIDGE CENTER DR. WOODBIDGE, NJ 07095 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | FALLON FAMILY REVOCABLE TRUST 95 PATRICIA DR. ATHERTON, CA 94027 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | MCFARREN CHARITABLE FUND 1776 BRUSH DR. CARSON CITY, NV 89703 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | JOHN LONGINOTTI 1945 YOSEMITE RD. BERKELEY, CA 94707 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|--|--|

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 | SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL #300 MOUNTAIN VIEW, CA 94040 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | THOMAS & STEPHANIE HARMAN FAMILY 991 LA MESA DR. PORTOLA VALLEY, CA 94028 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | DAVID & LUCILE PACKARD FOUNDATION 40 E MAIN ST., SUITE 887 NEWARK, DE 19711 | \$ 16,020. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | DENNIS GULSEN 3029 SEABROOK CT. REDWOOD CITY, CA 94065 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | COMMUNITY SERVICE SOLUTIONS PO BOX 346 COLEVILLE, CA 96107 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | BENEVITY COMMUNITY IMPACT FUND 40 E MAIN ST., SUITE 887 NEWARK, DE 19711 | \$ 7,004. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|--|--|

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 |
|------------|--|----------------------------|---|
| 13 | MARK SAMBRAILO 1275 38TH AVE SAN FRANCISCO, CA 94122 | \$ 5,145. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | CE & BERNIECE PATTERSON CHARITABLE 89 DAVIS RD #100 ORINDA, CA 94563 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | VAGELOS WISSINK FAMILY CHARITABLE F 800 LATHROP DR. STANFORD, CA 94305 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | COBB FAMILY PO BOX 247 KIRKWOOD, CA 95646 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | CLAVIER FAMILY DAF PO BOX 247 KIRKWOOD, CA 95646 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | STUKALOV/SEPPIUS FUND 715 ASHBY DR PALO ALTO, CA 94301 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|---|---|

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

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

| | |
|---|--|
| Name of organization KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Employer identification number 47-1853858 |
|---|--|

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| N/A | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |

3/21/23

06:22AM

**STATEMENT 1
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

| | | | |
|--------------------------|----------------------|-------|------------------|
| DONEE'S NAME - IND | KIRKWOOD MEADOWS PUD | | |
| DONEE'S STREET ADDRESS: | 33540 LOOP ROAD | | |
| DONEE'S CITY | KIRKWOOD | | |
| DONEE'S STATE | CA | | |
| DONEE'S ZIP CODE | 95646 | | |
| CASH AND NONCASH AMOUNT: | | \$ | 8,294. |
| DESCRIPTION OF PROPERTY: | TURNOUTS | | |
| | | TOTAL | <u>\$ 8,294.</u> |

**STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | TOTAL COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|--|----------------------------|----------------------------------|------------------------------|
| ERIK CHRISTESON PO BOX 247 KIRKWOOD, CA 95646 | PRESIDENT 25.00 | \$ 0. | \$ 0. | \$ 0. |
| JESSICA GILLIES PO BOX 247 KIRKWOOD, CA 95646 | SECRETARY 15.00 | 0. | 0. | 0. |
| KELLY MCBRIDE PO BOX 247 KIRKWOOD, CA 95646 | TREASURER 35.00 | 0. | 0. | 0. |
| ERIC RICHERT PO BOX 247 KIRKWOOD, CA 95646 | DIRECTOR 2.00 | 0. | 0. | 0. |
| PETER DORNBROOK PO BOX 247 KIRKWOOD, CA 95646 | DIRECTOR 5.00 | 0. | 0. | 0. |
| ROBERT EPSTEIN PO BOX 247 KIRKWOOD, CA 95646 | DIRECTOR 3.00 | 0. | 0. | 0. |
| | | TOTAL | <u>\$ 0.</u> | <u>\$ 0.</u> |
| | | | <u>\$ 0.</u> | <u>\$ 0.</u> |

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

| | | |
|-------------------------------------|----------|----------------|
| ACCOUNTING FEES..... | \$ | 1,212. |
| BANK & SERVICE FEES..... | | 1,271. |
| SPECIAL EVENT EXPENSES..... | | 24,125. |
| SUPPLIES & OPERATING MATERIALS..... | | 22,557. |
| | TOTAL \$ | <u>49,165.</u> |

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

| | | |
|--|----------|---------------|
| PREPAID EXPENSES AND DEFERRED CHARGES..... | | 2,568. |
| | TOTAL \$ | <u>2,568.</u> |

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

| | | |
|-----------------------|----------|-----------------|
| DEFERRED REVENUE..... | | 163,790. |
| | TOTAL \$ | <u>163,790.</u> |

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM

2021

8453-EO

| | |
|---|---|
| Exempt Organization name KIRKWOOD VOLUNTEER FIRE DEPARTMENT | Identifying number 47-1853858 |
|---|---|

Part I Electronic Return Information (whole dollars only)

| | | |
|---|---|----------|
| 1 Total gross receipts (Form 199, line 4) | 1 | 291,171. |
| 2 Total gross income (Form 199, line 8) | 2 | 291,171. |
| 3 Total expenses and disbursements (Form 199, line 9) | 3 | 57,866. |

Part II Settle Your Account Electronically for Taxable Year 2021

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

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

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

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here Signature of officer _____ Date _____ Title **PRESIDENT**

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

| | | | | | |
|----------------------|---|------|---|---|-------------------------------|
| ERO Must Sign | ERO's signature ▶ DOUGLAS W. REGALIA | Date | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's PTIN P00186389 |
| | Firm's name (or yours if self-employed) and address ▶ REGALIA & ASSOCIATES CPAS | | | | Firm's FEIN 68-0260103 |
| | 103 TOWN & COUNTRY DR STE K | | | | ZIP code 94526 |
| DANVILLE | | | | CA | |

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

FTB 8453-EO 2021

2021

CALIFORNIA FILING INSTRUCTIONS

CLIENT 202026

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

47-1853858

3/21/23

06:22AM

ELECTRONICALLY FILED:

FORM 199 - 2021 CALIFORNIA EXEMPT ORGANIZATION ANNUAL INFORMATION RETURN WILL BE ELECTRONICALLY FILED UPON RECEIPT OF A SIGNED FORM 8453-E0.

PAYMENT:

NO PAYMENT IS REQUIRED.

2021

CALIFORNIA FILING INSTRUCTIONS

CLIENT 202026

KIRKWOOD VOLUNTEER FIRE DEPARTMENT

47-1853858

3/21/23

06:22AM

FORM TO FILE:

FORM RRF-1 - REGISTRATION/RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

SIGNATURE:

SIGN AND DATE FORM RRF-1.

PAYMENT:

THERE IS A FEE DUE OF \$100 WHICH IS PAYABLE BY MAY 15, 2023. ATTACH A CHECK OR MONEY ORDER FOR THE FULL AMOUNT PAYABLE TO "DEPARTMENT OF JUSTICE" AND WRITE THE CALIFORNIA CHARITY REGISTRATION NUMBER ON THE PAYMENT.

WHEN TO FILE:

ON OR BEFORE MAY 15, 2023.

WHERE TO FILE:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

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

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

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



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

| | |
|--|--|
| <p>KIRKWOOD VOLUNTEER FIRE DEPARTMENT Name of Organization</p> <p>List all DBAs and names the organization uses or has used PO BOX 247 Address (Number and Street)</p> <p>KIRKWOOD, CA 95646 City or Town, State, and ZIP Code</p> <p>209-258-4444 TBAGGETT@KMPUD.COM Telephone Number E-mail Address</p> | <p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>0256743</u></p> <p>Corporation or Organization No. <u>3653693</u></p> <p>Federal Employer ID No. <u>47-1853858</u></p> |
|--|--|

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

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

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/21 ending 6/30/22) list:

Total Revenue \$
(including noncash contributions) 267,046. **Noncash Contributions \$** 21,825. **Total Assets \$** 606,920.

Program Expenses \$ 31,208. **Total Expenses \$** 33,741.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|---|--------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During this reporting period, did the organization receive any governmental funding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During this reporting period, did the organization hold a raffle for charitable purposes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Does the organization conduct a vehicle donation program? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| | | | |
|-------------------------------|------------------------|------------------|------|
| | ERIK CHRISTESON | PRESIDENT | |
| Signature of Authorized Agent | Printed Name | Title | Date |

Conflict of Interest Policy

Article I

Purpose

The purpose of the conflict of interest policy is to protect this tax-exempt organization's (Organization) interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Article II

Definitions

1. Interested Person

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
- b. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Article III Procedures

1. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest

Part V, Line 5a

KIRKWOOD MEADOWS PUBLIC UTILITY DISTRICT

-
-
- a. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
 - b. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
 - c. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
 - d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

- a. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article IV **Records of Proceedings**

The minutes of the governing board and all committees with board delegated powers shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article V **Compensation**

- a. A voting member of the governing board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- c. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Article VI **Annual Statements**

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

Part V, Line 5a

KIRKWOOD MEADOWS PUBLIC UTILITY DISTRICT

-
-
- a. Has received a copy of the conflicts of interest policy,
 - b. Has read and understands the policy,
 - c. Has agreed to comply with the policy, and
 - d. Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Article VII
Periodic Reviews

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.

b. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

Article VIII
Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

Part V, Line 5a

KIRKWOOD MEADOWS PUBLIC UTILITY DISTRICT

Annual Statement

According to Article VI of the Conflict of Interest Policy below, each director, principal officer and member of a committee with governing board delegated powers shall annually sign the following statement:

I hereby affirm that I:

- a. Have received a copy of the Conflict of Interest Policy,
- b. Have read and understand the policy,
- c. Have agreed to comply with the policy, and
- d. Understand the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Signature

Rick Ansel

Name (printed) of Person Signing

Title of Person Signing: **President**

Date _____

Part V, Line 5a

KIRKWOOD MEADOWS PUBLIC UTILITY DISTRICT

Annual Statement

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Signature

Robert Epstein

Name (printed) of Person Signing

Title of Person Signing: Director

Date _____

Part V, Line 5a

KIRKWOOD MEADOWS PUBLIC UTILITY DISTRICT

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- d. Understand the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Signature

Date _____

Peter Dornbrook

Name (printed) of Person Signing

Title of Person Signing: Director

Part V, Line 5a

KIRKWOOD MEADOWS PUBLIC UTILITY DISTRICT

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- d. Understand the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Signature Date _____

Tommy Baggett

Name (printed) of Person Signing

Title of Person Signing: **Treasurer**

Part V, Line 5a

KIRKWOOD MEADOWS PUBLIC UTILITY DISTRICT

Annual Statement

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- d. Understand the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Signature

Brittnie Morris

Name (printed) of Person Signing

Title of Person Signing: **Secretary**

Date _____

Part V, Line 5a

KIRKWOOD MEADOWS PUBLIC UTILITY DISTRICT

STAFF REPORT

Fire Stipend Augmentation

Background:

In July 2022, the KMPUD Board increased the on-call KVFD stipend and requested that the 501(c)(3) Board consider paying for the difference in stipend.

For Fiscal Year 2022/23, the annual stipends would have been \$53,720 at the old rate and actually cost \$103,825.

Fiscal Year 2023/24 is anticipated to reach a maximum difference of approximately \$55,000.

Fiscal Impact:

As of May 31, 2023, the 501(c)(3) has approximately \$557,000 in unrestricted funds, with the balance restricted to playground related use.

Payment of the Fiscal Year 2022/23 stipend difference represents approximately 10% of total funds available.

Continued augmentation of Fiscal Year 2023/24 stipends would represent a similar amount after accounting for the 2023 Summer Festival Proceeds.

CEQA:

The General Manager has determined that the proposed action is exempt or otherwise not subject to CEQA.

Recommendation:

Staff and Finance recommend implementation of Option one above.

Prepared By:

Tommy Baggett