	2020 TAX RETURN							
	CLIENT COPY							
Client:	5150							
Prepared for:	BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 29 BAYMARE RD BELL CANYON, CA 91307 (818) 699-1191							
Prepared by:	RICHARD LEVY LEVY, LEVY & NELSON, A PROFESSIONAL CORP. 23801 CALABASAS ROAD, SUITE 2012 CALABASAS, CA 91302 818-346-8034							
Date:	OCTOBER 25, 2021							
Comments:								
Route to:								

Levy, Levy & Nelson, A Professional Corp. 23801 Calabasas Road, Suite 2012 Calabasas, CA 91302

> BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 29 BAYMARE RD BELL CANYON, CA 91307

Form <b>8</b> 4	53-EO	Exempt Org	anization Declar Electronic F		l Signatur	e for	ON	/IB No. 1545-0047	
				5	C / 20 a	0 2021			
	FO		year beginning <u>7/01</u> 990, 990-EZ, 990-PF, 9	-				2020	
Department of Internal Rever	f the Treasury		w.irs.gov/Form8453EO fo	,	, ,	00			
	npt organization or person su		w.irs.gov/Form6453E010	or the latest in	formation.	Taxpaver	identificatio	n number	
	ANYON VOLUNTE		ידסד הדסיי			. ,	46069		
Part I			rmation (Whole Dollar	ars Only)		05 57	40005		
Check the	box for the type of re a <b>1a. 2a. 3a. 4a. 5a. 6</b>	eturn being filed with <b>a.</b> or <b>7a</b> below, and t	Form 8453-EO and ente	r the applicab	ina filed with th	is form wa	s blank, t	then leave	
line <b>1b, 2b</b> applicable	, 3b, 4b, 5b, 6b, or 7t line below. Do not co	b, whichever is applied on the second s	cable, blank (do not ente ne line in Part I.	r -0-). If you e	ntered -0- on th	ne return, t	hen entei	<sup>r</sup> -0- on the	
1 a Form	990 check here ►	b Total reven	<b>ue,</b> if any (Form 990, Pa	rt VIII, column	(A), line 12)		1b		
2a Form	990-EZ check here ►	X b Total reven	ue, if any (Form 990-EZ,	line 9)			2b	101,959.	
3a Form	1120-POL check here ►	▶ b Total tax (F	orm 1120-POL, line 22).				3b		
4a Form	990-PF check here►	b Tax based	on investment income (F	Form 990-PF,	Part VI, line 5).		4b		
5a Form	8868 check here►	b Balance du	e (Form 8868, line 3c)				5b		
6a Form	990-T check here ►	b Total tax (F	orm 990-T, Part III, line	4)			6b		
7a Form	4720 check here►	b Total tax (F	Form 4720, Part III, line 1	)			7b		
Part II	Declaration of C	Officer or Persor	Subject to Tax						
Under pena to (name o and that I knowledge of the elect to the IRS	withdrawal (direct deb axes owed on this re Freasury Financial Ag inancial institutions in answer inquiries and f a copy of this return executed the electro 090-PF (as specificall alties of perjury, I decla f organization) have examined a cop and belief, they are ctronic return. I conse and to receive from to rocessing the return of	hit) entry to the financia turn, and the financia ent at 1-888-353-455 hvolved in the process resolve issues relate in is being filed with a nic disclosure conse y identified in Part I are that I am a hvy of the 2020 electror true, correct, and co nt to allow my interrithe IRS (a) an ackno	a state agency(ies) regula nt contained within this r above) to the selected st n officer of the above nam onic return and accompar- implete. I further declare nediate service provider, wledgement of receipt or date of any refund.	dicated in the entry to this a ss days prior t ating charities eturn allowing ate agency(ie: ed organization nying schedule that the amou transmitter, o	tax preparation ccount. To revo to the payment s to receive cor as part of the I disclosure by t s). or I am , (Ell es and stateme int in Part I abc r electronic retu	n šoftware ke a paym (settlemen fidential ir RS Fed/Sta he IRS of t the persor N) nts, and, to ve is the a urn originat ansmissior	for páymi ent, I mu t) date. I formation ate progra his Form n subject o the besi or (ERO)	ent of the federal ist contact the U.S. also authorize the n necessary to am, I certify that 990/990-EZ/ to tax with respect t of my to on the copy to send the return	
Part III	Declaration of	Electronic Retur	n Originator (ERO)	and Paid P	r <b>eparer</b> (see	instruction	ons)		
l am only a organizatio to be filed Informatio have exan	collector, I am not res on officer or person s with the IRS to the o n for Authorized IRS nined the above retur	ponsible for reviewing ubject to tax will hav fficer or person subj <i>e-file</i> Providers for E n and accompanying	that the entries on Form the return and only declar e signed this form before ect to tax, and have follo susiness Returns. If I am schedules and statemer on is based on all inform	e that this form e I submit the wed all other also the Paid hts, and, to the	accurately refle return. I will giv requirements in Preparer, unde e best of my kn	cts the data ve a copy c Pub. 4163 r penalties owledge ar	on the re of all form , iModern of perjur	eturn. The is and information nized e-File (MeF) ry I declare that I	
	ERO's			Date	Check if also paid preparer X	Check if self-		s SSN or PTIN	
ERO's Use	signature RICH	IARD LEVY LEVY, LEVY &	NELSON, A PROF	<u>10/25/21</u> ESSIONAL	propuror	employed EIN		<u>)031047</u> 033916	
Only	(or yours if				CORF.		41-2	122210	
	self-employed), address, and ZIP code	23801 CALABASAS ROAD, SUITE 2012 Phone no.				Phone no.	818-346-8034		
Under pen my knowle any knowle	edge and belief, they	clare that I have exa	mined the above return a d complete. Declaration o	and accompan of preparer is l	ying schedules based on all inf	and stater ormation o	nents, ar	nd, to the best of	
	Print/Type preparer's nam	e	Preparer's signature		Date	Check if	PTIN		

Paid				self-employed	
Preparer Use Only	Firm's name	<u>+</u>	Firm's EIN ►		
	Firm's address	►		Phone no.	

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

Form 8453-EO (2020)

Date Accep						OT MAIL "	THIS F	ORM TO THE FTB
TAXABLE Y	rear Califor	nia e-file Ret	urn Autho	prization for	or			FORM
2020	) Exemp	ot Organizatio	ns					8453-EO
Exempt Organia							Identifying	
BELL CA	NYON VOLUNTEER	WILDLAND FIRE	DEPT				85-37	46069
		nformation (whole doll						
1 Total	gross receipts (Form 1	99, line 4)					1	101,959.
		99, line 8)					-	101,959.
3 Total	expenses and disburse	ements (Form 199, line	9)				3	11,999.
Part II	Settle Your Accou	Int Electronically for	or Taxable Ye	ar 2020				
<b>4</b> E	ectronic funds withdra	wal <b>4a</b> Amount		4b Withd	rawal date	e (mm/dd/yy	уу)	
Part III	Banking Informati	ion (Have you verified	the exempt orga	nization's banking	informati	on?)		
	ng number						_	
6 Accou	int number			7 Type of accou	nt: C	Checking	Sa	ivings
Part IV	Declaration of Off	icer						
	the exempt organizatio for the amount listed o	on's account to be settle n line 4a.	ed as designated	in Part II. If I che	ck Part II,	Box 4, I au	thorize a	n electronic funds
correspondi organization Tax Board of for the fee I statements b return or re	ing lines of the exempt 's return is true, correct, (FTB) does not receive iability and all applicat be transmitted to the FTE	er, or intermediate servic corganization's 2020 Ca and complete. If the exe full and timely paymer ole interest and penaltic by the ERO, transmitter corize the FTB to disclo	alifornia electroni mpt organization i it of the exempt es. I authorize thi , or intermediate s ise to the ERO of I	c return. To the b s filing a balance d organization's fee e exempt organiza service provider. If t r intermediate ser	est of my lue return, liability, tl ation retur the proces rvice prov	knowledge a l understand he exempt o n and accor sing of the e	and belie that if the organizat npanying <b>xempt or</b>	of, the exempt Franchise ion will remain liable schedules and ganization's
Sign Here	Signature of officer		10/25/2 Dat		SURER			
	J							
		ctronic Return Ori						
the best of organization officer's sig forms and i Authorized exempt orga under pena statements,	my knowledge. (If I ar n's return. I declare, ho nature on form FTB 84 nformation that I will fi e-file Providers. I will k nization return is filed, w Ities of perjury, I decla	above exempt organiza n only an intermediate owever, that form FTB & 53-EO before transmitt le with the FTB, and I h keep form FTB 8453-EC whichever is later, and I w re that I have examined knowledge and belief,	service provider, 3453-EO accurate ing this return to have followed all 0 on file for <b>four</b> vill make a copy av 1 the above exem	I understand that ely reflects the dat the FTB; I have p other requirement years from the du vailable to the FTB npt organization's	t I am not ta on the r provided th ts describe e date of upon reque return and	responsible return.) I hav ne organizat ed in FTB Po the return o est. If I am a d accompan	for revie ve obtain ion office ub. 1345 r <b>four</b> ye lso the pa ying sch	wing the exempt ned the organization er with a copy of all , 2020 Handbook for ars from the date the aid preparer, edules and
				Date	Check if	Check	if	ERO's PTIN
ERO	signature RICHA	RD LEVY		10/25/21	also paio preparer	X self- emplo	yed	P00031047
Must	Firm's name (or yours	LEVY, LEVY & N		ROFESSIONAL	CORP.		Firm's FEI	
Sign	if self-employed) and address	23801 CALABASA	<u>S ROAD, SU</u>	ITE 2012		0.1	ZIP code	41-2033916
Under nenalties	of periury. I declare that I have	CALABASAS ave examined the above organia	zation's return and ac	companying schedules	and statemen	CA ts_and to the b		91302
		declaration based on all infor					ost of filly h	nowieuge and benef, they
	Paid			Date			l	Paid preparer's PTIN
Paid	preparer's					Check if self-employed		
Preparer				I			Firm's FEI	N
Must	Firm's name (or yours if self-							
Sign	employed) and address						ZIP code	

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

### CLIENT 5150

### LEVY, LEVY & NELSON, A PROFESSIONAL CORP. 23801 CALABASAS ROAD, SUITE 2012 CALABASAS, CA 91302 818-346-8034

October 25, 2021

### BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 29 BAYMARE RD BELL CANYON, CA 91307

Dear Client:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8453-EO - Exempt Organization Declaration and Signature for Electronic Filing. No tax is payable with the filing of this return.

Your 2020 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. **The** original should be signed at the bottom of page one. There is a fee due of \$50.

Make the check or money order payable to "Attorney General's Registry of Charitable Trusts" and mail your California report on or before November 15, 2021 to:

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

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

Sincerely,

RICHARD LEVY

	•		OMB No. 1545-0047					
For	m <b>9</b>	90-EZ			mpt From Income (1) of the Internal Revenu oundations)			2020
			Do not enter social	security numbers o	n this form, as it may be r	nade public.		Open to Public
Depa Inter	artment nal Rev	of the Treasury venue Service	► Go to www.irs.go	v/Form990EZ for ins	tructions and the latest ir	formation.		Inspection
Α	For t	he 2020 calen	ıdar year, or tax year beginning	7/01	, 2020, and ending	6/30		, 2021
В		if applicable: C				DE	mployer	identification number
Ц		s change	ELL CANYON VOLUNTEER	WTLDLAND FTR	E DEPT		85-37	46069
Х	Name Initial r	change 20	BAYMARE RD				elephone	
		urn/terminated BE	ELL CANYON, CA 91307				(818)	699-1191
	Amenc	ded return				FG	aroup E	xemption
		ation pending				N	lumber	•
G		unting Method		er (specify) >				organization is <b>not</b>
1			WFD.ORG :k only one) — X 501(c)(3) 50	11(c) ( ) $-$ (insort n	o.) 4947(a)(1) or 527			Schedule B Z, or 990-PF).
J		kempt status (chec		11(c) ( ) ◄(insert n		(1 0111 990)	, 550 L	2, 01 990 11 ).
		of organization			Other			
L	Add I	lines 5b, 6c, a ts (Part II, coli	and 7b to line 9 to determine ground 7b to line 9 to determine ground (B)) are \$500,000 or more	oss receipts. If gross file Form 990 inste	receipts are \$200,000 or ad of Form 990-F7	more, or if tota	al ►\$	101,959.
Pa	rt I		Expenses, and Changes					
			organization used Schedule O					
	1		s, gifts, grants, and similar amo				1	101,959.
	2		vice revenue including governm				2	
	3	•	dues and assessments				3	
	4		ncome		i i		4	
			nt from sale of assets other that	-				
			r other basis and sales expense				5 c	
~	6	Gaming and	om sale of assets other than inventory ( fundraising events:		·		50	
Revenue			e from gaming (attach Schedul	-		1		
Vei	b		e from fundraising events (not i sing events reported on line 1)	0	of contribu	itions		
Re		of such gross	sing events reported of fine 1) s income and contributions exce	eds \$15,000)	6b			
	с	Less: direct e	expenses from gaming and fund	draising events	6c			
	d	Net income of 6b and subtra	or (loss) from gaming and fundr act line 6c)	aising events (add li	nes 6a and		6 d	
	7 a		of inventory, less returns and a					
	b	Less: cost of	goods sold		<b>7</b> b			
	с	Gross profit	or (loss) from sales of inventory	/ (subtract line 7b fro	om line 7a)		7 c	
	8		ue (describe in Schedule O)				8	
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7					101,959.
	10		similar amounts paid (list in Sch				10	
<i>/</i> <b>^</b>	11		d to or for members				11	
see	12		er compensation, and employe				12 13	
Expenses	13 14		fees and other payments to inc rent, utilities, and maintenance.	•			13	1
Ă	15						15	<u> </u>
	16	Other expense	plications, postage, and shipping ses (describe in Schedule O)		SEE SCHEDU	JLE O	16	11,150.
	17		ses. Add lines 10 through 16				-	11,999.
	18		eficit) for the year (subtract line				18	89,960.
Net Assets	19	Net assets o	r fund balances at beginning of	year (from line 27. d	column (A)) (must aaree w	vith end-of-vea	r	
Ass		figure reporte	ed on prior year's return)				19	0.
Net	20		es in net assets or fund balance				20	
	21		r fund balances at end of year.			••••••	21	89,960.
BA	A Fo	r Paperwork F	Reduction Act Notice, see the s	eparate instructions				Form <b>990-EZ</b> (2020)

	990-EZ (2020) BELL CANYON VOLU		RE DEPT	8	5-37	46069 Page <b>2</b>
Par	t II Balance Sheets (see the inst	ructions for Part II)	aatian in this Davt II			X
	Check if the organization used Sche	edule O to respond to any qu	estion in this Part II	(A) Beginning of y		(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings Other assets (describe in Schedule O)				23	
24					24	
25	Total assets Total liabilities (describe in Schedule O)		z ()		0.25	
26					0.26	= 1 0 0 0 0
27	Net assets or fund balances (line 27 of or t III Statement of Program Service Ac				0.27	89,960. Expenses
Par	Check if the organization used Scl	hedule O to respond to any c	uctions for Part III)	ШХ		•
What	is the organization's primary exempt purpose? SEE	SCHEDULE O			(c)(3	uired for section 501 3) and 501(c)(4)
Desc	cribe the organization's program service a	ccomplishments for each of i	its three largest pro	gram services, as		nizations; optional others.)
bene	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service ach program title.	ces provided, the ht	inner of persons		niners.)
28	SEE SCHEDULE 0					
					_	
		is amount includes foreign gi	,,		-	
29	(Grants \$) If thi	is amount includes foreign gi	rants, check here	•	28 a	11,999.
29					-	
					-	
	(Grants \$) If thi	is amount includes foreign gi	rants, check here		29 a	
30		5.5				
					-	
					]	
	(Grants \$) If thi	is amount includes foreign g	rants, check here	•••••	30 a	
31	Other program services (describe in Sch				-	
	(Grants \$) If thi	is amount includes foreign g	rants, check here	· · · · · · · · · · · · · · · · · · ·	31 a	
32	Total program service expenses (add lin				▶ 32	11,999.
Par	t IV List of Officers, Directors, Check if the organization used Sci					
		(b) Average hours per			fits,	
	(a) Name and title	week devoted to position	(c) Reportable compensa (Forms W-2/1099-MIS) (if not paid, enter -0-		leferred	(e) Estimated amount of other compensation
CAL			(,,	compensation	n	
	RETT CLANCY ESIDENT & CEO	25		0.	0.	0.
	HARD LEVY	23		0.	0.	0.
	EASURER	2		0.	0.	0.
	EG MCHUGH					
SEC	CRETARY	2		0.	0.	0.
	<b>-</b>					
			1/02/01			
BAA		TEEA0812L 0	1/28/21			Form <b>990-EZ</b> (2020)

Form	990-EZ (2020) BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 85-374606	9	F	age 3
_		SEE S	SCH	0
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a 0.			
b	Did the organization file Form 1120-POL for this year?	37 b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.       38 b       0.			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
<b>40</b> a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization► 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			v
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
42 a	The organization's			
	books are in care of ► <u>RICHARD LEVY</u> Telephone no. ► (818)	<u>346</u>	- <u>8</u> 03	34
	Located at ► 23801 CALABASAS ROAD SUITE 2012 CALABASAS CA ZIP + 4 ► 91302	- — — r	Vee	Na
b	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)?	42 6	Yes	No
	If 'Yes,' enter the name of the foreign country ►	42 b		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		Х
	If 'Yes,' enter the name of the foreign country ►			L
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		•	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		Х
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
~	instead of Form 990-EZ.	44 b		Х

BAA TEEA0812L 10/26/20	Form 990	0-EZ (2020)
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		Х
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' <i>provide an explanation in Schedule O</i>	44 d	
c Did the organization receive any payments for indoor tanning services during the year?		Х
instead of Form 990-EZ.	44b	Х

Form 990-	EZ (2020) BELL CANYON VOLUNTE	EER WILDLAND FI	IRE DEPT	85-3	746069	F	Page 4
						Yes	No
46 Did t	the organization engage, directly or indire lidates for public office? If 'Yes,' complete	ctly, in political campa	ign activities on beh	half of or in opposition to	46		v
Part VI					40		Х
raitvi	All section 501(c)(3) organization		uestions 47-49h	and 52 and comple	te the table	24	
	for lines 50 and 51.						
	Check if the organization used	Schedule O to resp	oond to any que	stion in this Part VI.			🗖
						Yes	
	he organization engage in lobbying activities plete Schedule C, Part II				47		v
	e organization a school as described in se						X X
	the organization make any transfers to an		•				X
	es,' was the related organization a section	•	-				
50 Com	plete this table for the organization's five high	hest compensated emplo	oyees (other than offic	cers, directors, trustees, an			<u> </u>
empl	oyees) who each received more than \$100,0	00 of compensation from	the organization. If	there is none, enter 'None.'			
		(b) Average hours	(c) Papartable company	(d) Health benefits, contributions to employee	e (e) Estimate	d amou	unt of
	(a) Name and title of each employee	per week devoted to position	(c) Reportable compens (Forms W-2/1099-MIS	5C) benefit plans, and deferre compensation			
				compensation			
NONE							
f Tota	I number of other employees paid over \$	100,000 ►			•		
51 Com	plete this table for the organization's five hig pensation from the organization. If there i	hest compensated indep	endent contractors w	ho each received more than	n \$100,000 of		
CON	-						
	(a) Name and business address of each independent c	ontractor	(b)	Type of service	(c) Com	pensatio	'n
NONE							
<b>d</b> Tota	I number of other independent contractors	s each receiving over \$	5100,000		•		
	the organization complete Schedule A? N				► X Yes	Г	٦
	pleted Schedule A					5	No
true, correct,	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	er) is based on all information	of which preparer has any	knowledge.	Dellet, it is		
	· · · · · · · · · · · · · · · · · · ·						
Sign	Signature of officer			Date			
Here	RICHARD LEVY			TREASURER			
	Type or print name and title	Dreperer's signature	Data		DTIN		
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	_	
Paid	RICHARD LEVY	RICHARD LEVY	10/2	5/21 self-employed	P0003104	7	
Preparer		LSON, A PROFES			41 0000	010	
Use Only	Firm's address  23801 CALABASAS		012	Firm's EIN	41-2033		
Marit	CALABASAS, CA 9		unting		18-346-80		1
,	RS discuss this return with the preparer sl	iown above? See instr			► X Yes		No
BAA					Form <b>99</b>	U-EZ	(2020)

#### BAA

SCHE	EDUL	ΕA
(Form	990 oi	990-EZ

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.

Open to Public Inspection

OMB No. 1545-0047

2020

• (	Go to	www.irs.	gov/Form99	90 for	instruct	ions a	and	the	latest	inform	ation.
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Name of	Name of the organization Employer identification number									
BELI	. (	CANYON VOLUNTEER WI					85-374606			
Part		Reason for Public Cha		0				tions.		
	ga	nization is not a private found		-		-				
1		A church, convention of church	,		•		i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative h								
4		A medical research organization	tion operated in conju	inction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). 上	nter the hospital's		
5		name, city, and state: An organization operated for	the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit de			
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organization that normally r	5					lic described		
		in section 170(b)(1)(A)(vi). (	Complete Part II.)	art of its support from a	governin	entar un	t of from the general par			
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)					
9		An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) operation	ated in c	onjunctio	on with a land-grant colle	qe		
		or university or a non-land-grar university:	nt college of agriculture	(see instructions). Enter	the nan	ne, city, a	and state of the college of	or		
10	Х	An organization that normally from activities related to its e investment income and unrel June 30, 1975. See section 5	lated business taxable	e income (less section	oort from ns; and 511 tax)	contrib (2) no r from bi	utions, membership fe nore than 33-1/3% of it usinesses acquired by	es, and gross receipts is support from gross the organization after		
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	i 509(a)(4).			
12		An organization organized ar or more publicly supported o	rganizations describe	d in <b>section 509(a)(1)</b> c	or <b>sectio</b>	n 509(a)	)(2). See section 509(a	ut the purposes of one <b>)(3).</b> Check the box in		
а		lines 12a through 12d that de <b>Type I.</b> A supporting organization organization(s) the power to re-	on operated, supervised	d, or controlled by its sup	ported o	rganizati	ion(s), typically by giving	the supported		
		complete Part IV, Sections A	and B.	, ,						
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>		
С		Type III functionally integrated. organization(s) (see instruction	. A supporting organizat ons). <b>You must comp</b>	ion operated in connection blete Part IV, Sections A	n with, ai <b>A, D, an</b>	nd functio d E.	onally integrated with, its	supported		
d		Type III non-functionally integrated. The c instructionally integrated. The c instructions). You must com	proanization generally	must satisfy a distribu	nnection tion req	with its s uiremen	supported organization(s) t and an attentiveness	) that is not requirement (see		
e		Check this box if the organize integrated, or Type III non-fu	ation received a writte	en determination from t	the IRS	that it is	a Type I, Type II, Type	e III functionally		
f	En	ter the number of supported of								
		ovide the following information		l organization(s).						
(i)	) Na	me of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(~)										
(B)										
<u> </u>										
(C)										
(D)										
(E)										
Total										

### Schedule A (Form 990 or 990-EZ) 2020 BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 85-3746069

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

	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and						►
	tion C. Computation of Pu						
	Public support percentage for 20	•					%
	Public support percentage from					L	%
16a	<b>33-1/3% support test-2020.</b> If t and <b>stop here.</b> The organization	he organization d qualifies as a pul	id not check the b blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	<pre>this box►</pre>
b	<b>33-1/3% support test–2019.</b> If the and <b>stop here.</b> The organization	e organization die qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	e. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances'	nd-circumstances test. The organiza	s test, check this l ation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization	VI how the ►
18	Private foundation. If the organized	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 85-3746069

### 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.)

<u>C</u>	fails to qualify under the te	sis listed below, p	please complete P	art II.)			
	tion A. Public Support	(-) 0010	(1-) 0017	(a) 2019	(1) 0010	(-) 0000	
Caleno 1	lar year (or fiscal year beginning in) ► Gifts, grants, contributions,	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
-	and membership fees received. (Do not include						
~	any 'unusual grants.')					101,959.	101,959.
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose Gross receipts from activities						0.
-	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or						0.
	facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	0.	0.	0.	101,959.	101,959.
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
-	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						101,959.
	tion B. Total Support	(-) 2016	<b>(b)</b> 2017	(-) 2018	(4) 2010	(-) 2020	
	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2016 0.	<b>(b)</b> 2017	(c) 2018 0.	(d) 2019 0.	(e) 2020 101, 959.	(f) Total 101,959.
	Gross income from interest, dividends,	υ.	0.	0.	0.	101,959.	101,959.
	payments received on securities loans, rents, royalties, and income from similar sources						0.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include						0.
	gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9,						
14	<b>First 5 years.</b> If the Form 990 is f organization, check this box and						<u>    101,959.</u> ► X
Sec	tion C. Computation of Pub						
-	Public support percentage for 202		-	e 13, column (f))		15	010
	Public support percentage from 2						00
Sec	tion D. Computation of Invo	estment Incon	ne Percentage				
17	Investment income percentage for	or 2020 (line 10c,	column (f), divide	d by line 13, colu	mn (f))	17	00
18	Investment income percentage fr						010
	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	orted organization.	· · · · · · · · · · · · · · · · · · ·
	<b>33-1/3% support tests</b> — <b>2019.</b> If the line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	alifies as a publicl	y supported organi	zation 🕨
	Private foundation. If the organiz	zation did not cheo					
BAA			TEEA0403L	09/14/20	Sch	nedule A (Form 990	0 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020	BELL (	CANYON VOLU	NTEER WILDLAND	FIRE	DEPT	85-3746069	Page 4
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 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

			V.	NL-
			Yes	No
	1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	2 Did the organization have any supported organization that does not have an IRS determination of status under section			
	509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines and 3c below.	3b <b>3a</b>		
	<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	Зc		
	<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure the all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	at <b>4</b> c		
	<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in th	5a		
	organization's organizing document?	5b		
	<ul><li>c Substitutions only. Was the substitution the result of an event beyond the organization's control?</li><li>6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to</li></ul>	5c		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by or or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	ne 6		
	<ul> <li>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</li> </ul>			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Ye complete Part I of Schedule L (Form 990 or 990-EZ).	es,' <b>8</b>		
	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>9a</b>		
	<b>b</b> Did one or more disqualified persons (as defined in 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>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9c		
1	10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Y answer line 10b below.	'es,' 10a		
	<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	1 <b>0</b> b		

Schedule A (10111 350 01 350 EZ) 2020 BELL CANTON VOLONIEER WILDLAND FIRE DEFI 05-5740009			aye J
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 in lines 11b and 11c below,			
the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in line 11a above?	11b		

DELL CANYON VOLUMPEED WITDIAND EIDE DEDT

C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

#### Section B. Type I Supporting Organizations

Schedule A (Form 990 or 990-E7) 2020

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

### 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
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		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how			
the organization maintained a close and continuous working relationship with the supported organization(s).	2		
By reason of the relationship described in 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 I describe in <b>Part VI</b> the role the organization's supported organizations played			
in this regard.	3		
	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? 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> By reason of the relationship described in line 2, above, did the organization's supported organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organization's played</i>	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         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         By reason of the relationship described in line 2, above, did the organization's supported 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	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? 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> By reason of the relationship described in line 2, above, did the organization's supported organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played</i>

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

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

#### 2 Activities Test. Answer lines 2a and 2b below.

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

Yes

2a

2b

3a

3h

No

95-2716060

11c

1

2

Yes

No

Pana 5

Schedule A (Form 990 or 990-EZ) 2020 BELL CANYON VOLUNTEER WILDLAND			46069 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus <b>instructions.</b> All other Type III non-functionally integrated supporting organizatio	t on Nov ns must	/. 20, 1970 (explain ir complete Sections A	n Part VI). <b>See</b> 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		
<b>6</b> 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>b</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		
<b>3</b> Subtract line 2 from line 1d.	3		
<b>4</b> 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		
<b>3</b> 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 inte	earated .	Type III supporting or	ganization

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

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 85-3746069 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page	7
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				~	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	1			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	S,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets	11 5		4	
5	Qualified set-aside amounts (prior IRS approval required – provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6		-		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
-	Excess distributions carryover, if any, to 2020				
	From 2015				
	P From 2016				
-	From 2017				
	From 2018				
e	e From 2019				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ŀ	Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
	• Excess from 2017				
c	Excess from 2018				
c	Excess from 2019				
	Excess from 2020				

BAA

Schedule A (Form 990 or 990-EZ) 2020

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

5	
BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 85-3746069	

### FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

DEPRECIATION	\$ 1,490.
FUEL	377.
INSURANCE.	6,540.
SUPPIES AND SMALL EQUIPMENT	223.
TOTAL	\$ 11,150.

### FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BEGINNING	 ENDING
MACHINERY AND EQUIPMENT	\$ 0	\$ 81,804.
TOTAL	\$0	\$ 81,804.

#### FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	BEGINN	ING	 ENDING
LOAN PAYABLE- ABADEE	\$	0.	\$ 27,667.
TOTAL	\$	0.	\$ 27,667.

### FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SUPPRESSION AND PREVENTION OF BRUSH FIRES IN BELL CANYON

### FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FORTY HOMES WERE DESTROYED AND ANOTHER TWENTY WERE BADLY DAMAGED IN BELL CANYON DURING THE WOOLSEY FIRE. LOCAL FIRE DEPARTMENTS WERE SPREAD SO THIN THAT BELL CANYON HAD LITTLE PROTECTION AND THUS THE DESTRUCTION AND DAMAGE OF ALMOST 10% OF THE HOMES.

THE BELL CANYON VOLUNTEER FIRE DEPARTMENT WAS ESTABLISHED TO PREVENT WILDFIRES, PERFORM FIRE SUPPRESSION, PERFORM LIMITED EMERGENCY MEDICAL SERVICES AND RATTLESNAKE REMOVAL. WE ARE WORKING IN SUPPORT AND TO SUPPLEMENT LOCAL AGENCIES.

Schedule O (Form 990 or 990-EZ) (2020)	Page 2
Name of the organization	Employer identification number
BELL CANYON VOLUNTEER WILDLAND FIRE DEPT	85-3746069

### FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

## 6/30/21

### 2020 FEDERAL BOOK DEPRECIATION SCHEDULE

## PAGE 1

### **CLIENT 5150**

### BELL CANYON VOLUNTEER WILDLAND FIRE DEPT

### 85-3746069

															0	J-J/4000
25/21							PRIOR									02:17F
NO DESCRIPTION	DATE <u>ACQUIRED</u>	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METH	<u>IOD</u>	<u>LIFE</u>	RATE	CURRENT DEPR.
FORM 990/990-PF																
MACHINERY AND EQUIPMENT																
1 EQUIPMENT	5/26/21		11,459							11,459			MQ		.01790	2
2 FIRE ENGINE	6/10/21		16,500							16,500		S/L	MQ	7	.01790	2
3 BRUSH TRUCK 1	6/08/21		55,335					<u></u>		55,335		S/L	MQ	7	.01790	99
TOTAL MACHINERY AND EQUIPM	ЛЕ		83,294		0	0	C	) 0	0	83,294	0					1,4
TOTAL DEPRECIATION			83,294		0	0		00	0	83,294	0					1,4
GRAND TOTAL DEPRECIATION			83,294		0	0	(	00	0	83,294	0					1,4

TAXABLE	YEAR	California Evon	nnt Organizat	ion					FORM	
202	20	California Exen Annual Informa	ation Return						199	
Calendar Ye	ear 2020	or fiscal year beginning (mm/d			l ending (mm/	dd/yyyy) 6/30/	202	1.		
Corporation/Or	ganization	ame						alifornia corporation n	umber	
BELL CA	ANYON	VOLUNTEER WILDLAN	D FIRE DEPT				4	4658693		
Additional info	rmation. Se	e instructions.						EIN		
Street address	(cuito or ro	2001						35-3746069 MB no.		
29 BAY							ľ	WID 110.		
City					State			ip code		
BELL CA	-				CA	ign province/state/county		91307 oreign postal code		
Foreign counti	y name				FOIE	ign province/state/county	F	oreign postal code		
<ul> <li>B Amended</li> <li>C IRC Secti</li> <li>D Final info</li> <li>● □ D</li> <li>Enter date</li> <li>E Check acc</li> <li>1 X 0</li> <li>F Federal ra</li> <li>4 □ 0th</li> <li>G Is this a 0</li> <li>H Is this ord</li> </ul>	I return on 4947(a) ormation ref issolved e: (mm/dd, counting m Cash <b>2</b> eturn filed? ner 990 seri group filing ganization i	Surrendered (Withdrawn)         yyyy)         thod:         Accrual       3 □ 0ther         1 ● □ 990T       2 ● □ 990-	● Yes X No Yes X No Merged/Reorganized PF 3 ● Sch H (990) ● Yes X No	<ul> <li>not record or gan see in See in See in See in See in Markowski see in Second Sec</li></ul>	eported to the FT mpt under R&TC ization engaged nstructions e organization exe s," enter the gros ember sources . e organization a l he organization f le income? e organization un ed in a prior yea	ave any changes to its g B? See instructions C Section 23701d, has th in political activities? empt under R&TC Section ss receipts from imited liability company ile Form 100 or Form 10 der audit by the IRS or I r?	e on 23701 \$ ? 9 to rep nas the	Yes     Yes	X No X No X No X No X No X No X No No	
Part I	Comple	e Part I unless not required	to file this form. See G	eneral Info	ormation B a	nd C.				
	<b>1</b> Gr	oss sales or receipts from of	ther sources. From Side	2, Part II,	, line 8	• • • •	1			
Desclute	<b>2</b> Gr	oss dues and assessments f	rom members and affilia	ates		• • • • • • • • • • • • • •	2			
Receipts and								101	. <b>,</b> 959.	
Revenues	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B . •							1		
		•				Information B •	4	101	<u>,959.</u>	
		st of goods sold					-			
		st or other basis, and sales	•	• • • • • • •	6		7			
		tal costs. Add line 5 and line tal gross income. Subtract li				••••••		1.01	,959.	
	9 To	tal expenses and disbursem	ents From Side 2 Part		<u></u>	•	8 9		.,999.	
Expenses		cess of receipts over expension					10		,960.	
		tal payments					11		/ 5 00 .	
	-	e tax. See General Informat				•	12			
	13 Pa	yments balance. If line 11 is	more than line 12, sub	tract line 1	12 from line	11	13			
Filing	<b>14</b> Us	e tax balance. If line 12 is n	ore than line 11, subtra	ct line 11	from line 12	•	14			
Filing Fee	<b>15</b> Pe	nalties and Interest. See Ge	neral Information J				15			
		ance due. Add line 12 and line 15.				$\sim$	16		0.	
Sign Here	Under pen correct, ar Signature of officer	alties of perjury, I declare that I have of complete. Declaration of preparer (of	Title		schedules and s on of which prepa	tatements, and to the best arer has any knowledge. Date		Telephone		
	SI UNICEI		TREAS	URER Da	ite	Check if		<u>(818) 699−1</u> ● PTIN	.191	
Paid	Preparer's signature	► RICHARD LEVY			0/25/21	self- employed		200031047		
Preparer's	Firm's nar		& NELSON, A PRO			1		Firm's FEIN		
Use Only	(or yours, self-emplo				4	41-2033916				
	and addre							Telephone		
							8	<u>318-346-803</u>	34	
	May th	e FTB discuss this return wit	h the preparer shown at	ove? See	e instructions			X Yes	No	

Г

85-3746	5069
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BEL Part		Org	ON VOLUNTEER WILDLAND anizations with gross receipts of rdless of amount of gross receipts –	more than \$50,000 and pr	rivate subs	foundations titute informatio	n.		85-3	3746069
		1	Gross sales or receipts from all I	business activities. See in	struc	tions			1	
		2	Interest				• • • • • • • • • • • • • • • •		2	
		3	Dividends				• • • • • • • • • • • • • • • •		3	
Recei from	ipts	4	Gross rents						4	
Other		5	Gross royalties						5	
Sourc	ces	6	Gross amount received from sale	e of assets (See Instructio	ons)				6	
		7	Other income. Attach schedule.						7	
		8	Total gross sales or receipts from other s						8	
		9	Contributions, gifts, grants, and similar ar						9	
		10	Disbursements to or for member						10	
		11	Compensation of officers, director						11	0.
		12	Other salaries and wages						12	
Expe	nses	13	Interest						13	
and Disbu	ırse-	14	Taxes					_	14	
ment		15	Rents				-	- L	15	1.
		16	Depreciation and depletion (See						16	1,490.
		17	Other expenses and disburseme						17	
		18	Total expenses and disbursements. Add I					'  -	18	10,508.
Sche	ماريام		Balance Sheet	Beginning of ta						<u>11,999.</u> Ile year
		-	Balance Sheet	(a)	іларі	(b)	(c)	uu		(d)
Asset 1				(4)		(6)	(0)		•	35,823.
			receivable						•	55,025.
_			eivable						•	
									•	
			state government obligations						•	
			n other bonds						•	
7	Investn	nents	in stock						•	
8	Mortaa	ae loa	ns						•	
	-	-	nents. Attach schedule						•	
-			issets.				83,2	94		
	•		lated depreciation.				1,4			81,804.
									•	01,001.
			Attach schedule.						•	
										117,627.
			net worth						-	11//02/.
			able						•	
			, gifts, or grants payable						•	
			otes payable						•	
			yable						•	
18	Nthor li	iahiliti	es. Attach schedule							27,667.
			or principal fund						•	21,001.
			pital surplus. Attach reconciliation						•	
			nings or income fund						•	89,960.
			ies and net worth							117,627.
Sche	edule	e M-	1 Reconciliation of income per Do not complete this schedule if				is less than \$50,000	C		
1	Net inc	ome p	er books	89,960.	7	Income recorded of	n books this year not ind	clud	ed	
2	Federal	l incor	ne tax				ach schedule			
3	Excess	of cap	vital losses over capital gains 🗨	)	8		return not charged			
4	Income	not r	ecorded on books this year.			against book inco				
	Attach	sched	ıle							
	-		orded on books this year not deducted		9		and line 8			
			. Attach schedule		10	Net income pe				
6	Total. A	Add lir	e 1 through line 5	89,960.		Subtract line 9	9 from line 6			89,960.

059

3652204

### CALIFORNIA FORM

### TAXABLE YEAR

## **2020** Corporation Depreciation and Amortization

### 3885

2       Total cost of IRC Section 179 property before reduction in limitation       2       3       \$200,0         4       Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0		ch to Form 100 or For	m 100W. FOR	4 199					-			
Part I       Election To Expense Certain Property Under IRC Section 179         1       Maximum deduction under IRC Section 179 property placed in service.       1         2       Total cost of IRC Section 179 property balce reduction in limitation.       1         3       Threshold cost of IRC Section 179 property balce reduction in limitation.       4         4       Reduction limitation.       5         5       (a) Description of property       (b) Cost (lawines use only)       (c) Bected cost         7       Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8         9       Total electic cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8         9       Total electic cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7       8         10       Carryover of disallowed deduction to pror taxable years.       10         11       Business income limitation.       11         12       RCS Section 179 expense deduction to 201. Add line 9 and line 10, but do not enter more than line 11       12         12       RCS Section 179 expense deduction to 201. Add line 9 and line 10, less line 12       13         13       Carryover of disalowed deduction to 201. Add line 9 and line 10, but do not enter more than line 11       12         12       RCS declarent 20	Corpo	ration name							Califo	rnia co	rporatio	n number
1         Maxmum deduction under IRC Section 179 for California         1         9.25, 0           3         Treshold cost of IRC Section 179 property before reduction in limitation         3         9.200, 0           4         Reduction Interfactors Subtract line 3 from line 2.1 frazero reless, enter -0.         4         9           5         Dollar limitation Subtract line 3 from line 2.1 frazero reless, enter -0.         5         5           5         Dollar limitation of taxable year. Subtract line 4 from line 1. If zero or less, enter -0.         5         5           6         (a) Description of property lected line 2.5 c.         7         5         5           7         Listed property (elected linc Section 179 property. Add announts in column (c), line 6 and line 7         8         7         8           9         Total elected cost of IRC Section 179 property lecter de values in column (c), line 6 and line 7         8         9           10         Carryover of disallowed deduction from prior taxable years.         11         12         12           13         Carryover of disallowed deduction from prior taxable years.         13         12         12           14         (A) Description of Additional First Year Depreciation Deduction Under RATC Section 24356         0         0         0           14         (A) Description of Additional First Year			JNTEER WILDL	AND FIRE DE	PT				465	869	3	
2       Total cost of IRC Section 179 property before reduction in limitation.       2       3       \$200,C         4       Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0.       4       4         5       Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0.       5       5         6       (a) Beciption of property       (b) Cost (busines use mity)       (c) Eacted cost       5         7       Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8       9         9       Tentative deduction. Enter the smaller of line 5 or line 8.       9       10         10       Carryover of disallowed deduction form prot taxable years.       10       11         12       RCS Section 179 property. Add ime 9 and line 10. less time rest.       11         13       Carryover of disallowed deduction to prot taxable years.       10         14       Og       Og       Og       Og       Og         14       Depreciation and Election of Additional First Year Depreciation Deduction Under RRST Section tor trait depreciation for methods.       15       1, 490.         14       Og Og       Date accurred (Cost or 2455, 335.       S/L       7       295.         FIRE ENGINE       6/1.00/2021       55, 335. <td< th=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
3       Threshold cost of IRC Section 179 property before reduction in limitation.       3       \$200, C         4       Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0.       5         5       Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0.       5         7       Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         9       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         9       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         9       Total elected cost of IRC Section 179 cost).       7         10       Carryover of disallowed deduction from proters. Add amounts in column (c), line 6 and line 7.       8         9       Tentative deduction. Enter the smaller of line 9 and line 10, less line 12.       13         11       Business income (initiation FART Section 24356         14       Operation of Additional Frist Year Depreciation Deduction Under R&IC Section 24356         14       Operation of additional Frist Year Depreciation Deduction Under R&IC Section 24356         14       Operation of deduction of additional Frist Year Depreciation Deduction Under R&IC Section 24356         14       Operation of deduction of additional Frist Year Depreciation Degreciation Degree addition Degre												\$25 <b>,</b> 000
4       Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0				•						-		<u> </u>
5       Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0				-								\$200,000
6       (a) Description of property       (b) Cost (fusions use only)       (c) Elected cost         7       Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         9       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         9       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         10       Carryover of disallowed deduction from prior taxable years.       10         11       Business income (initiation. Enter the smaller of business income (not less than zero) or line 5.       11         12       Carryover of disallowed deduction toro prior taxable years.       10         13       Carryover of disallowed deduction toro prior taxable years.       11         12       Carryover of disallowed deduction toro prior taxable years.       11         13       Carryover of disallowed deduction toro prior taxable years.       10         14       (a)       Description       Detection of Additional First Year Depreciation Deduction Under R&TC Section 24356       (f)         14       (a)       Description       Detection of Additional First Year Perform all to to years and time 10.       16       Description all to years and the anount on the 15.         15       Add the amounts in column (g) and column (h).       Total other and the a										-		
Control       Contre       Control       Control			ř.							5		
8       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         9       Tentative deduction. Enter the smaller of line 5 or line 8.       9         10       Carryover of disallowed deduction form prior taxable years.       10         11       Expression come limitation. Enter the smaller of business income (not less than zero) or line 5.       11         11       IRC Section 179 expresse deduction. Add line 9 and line 10, but do not enter more than line 11.       12         13       Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.       13         14       (a)       (b)       (C)       (C)         0       perceiation and Election of Additional First Year Depreciation Deduction Under RAIT Section 24356       (b)         14       (c)       (b)       (C)       (C)       (C)       (D)         0       perceiation       allowable in       allowable in       allowable in       perceiation first Year Depreciation       depreciation         15       PIRE ENGTNE       6/10/2021       16,500.       S/L       7       295.         17       BRUSH TRUCK 1       6/08/2021       55,335.       S/L       7       990.         16       Total: if the corporation is electring:       inter 12, column (h).       Total		(a)	Description of property		<b>(n)</b> 003t (k	Jusiness us	e only)			-		
8       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         9       Tentative deduction. Enter the smaller of line 5 or line 8.       9         10       Carryover of disallowed deduction form prior taxable years.       10         11       Expression come limitation. Enter the smaller of business income (not less than zero) or line 5.       11         11       IRC Section 179 expresse deduction. Add line 9 and line 10, but do not enter more than line 11.       12         13       Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.       13         14       (a)       (b)       (C)       (C)         0       perceiation and Election of Additional First Year Depreciation Deduction Under RAIT Section 24356       (b)         14       (c)       (b)       (C)       (C)       (C)       (D)         0       perceiation       allowable in       allowable in       allowable in       perceiation first Year Depreciation       depreciation         15       PIRE ENGTNE       6/10/2021       16,500.       S/L       7       295.         17       BRUSH TRUCK 1       6/08/2021       55,335.       S/L       7       990.         16       Total: if the corporation is electring:       inter 12, column (h).       Total										-		
8       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         9       Tentative deduction. Enter the smaller of line 5 or line 8.       9         10       Carryover of disallowed deduction form prior taxable years.       10         11       Expression come limitation. Enter the smaller of business income (not less than zero) or line 5.       11         11       IRC Section 179 expresse deduction. Add line 9 and line 10, but do not enter more than line 11.       12         13       Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.       13         14       (a)       (b)       (C)       (C)         0       perceiation and Election of Additional First Year Depreciation Deduction Under RAIT Section 24356       (b)         14       (c)       (b)       (C)       (C)       (C)       (D)         0       perceiation       allowable in       allowable in       allowable in       perceiation first Year Depreciation       depreciation         15       PIRE ENGTNE       6/10/2021       16,500.       S/L       7       295.         17       BRUSH TRUCK 1       6/08/2021       55,335.       S/L       7       990.         16       Total: if the corporation is electring:       inter 12, column (h).       Total										-		
8       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         9       Tentative deduction. Enter the smaller of line 5 or line 8.       9         10       Carryover of disallowed deduction form prior taxable years.       10         11       Expression come limitation. Enter the smaller of business income (not less than zero) or line 5.       11         11       IRC Section 179 expresse deduction. Add line 9 and line 10, but do not enter more than line 11.       12         13       Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.       13         14       (a)       (b)       (C)       (C)         0       perceiation and Election of Additional First Year Depreciation Deduction Under RAIT Section 24356       (b)         14       (c)       (b)       (C)       (C)       (C)       (D)         0       perceiation       allowable in       allowable in       allowable in       perceiation first Year Depreciation       depreciation         15       PIRE ENGTNE       6/10/2021       16,500.       S/L       7       295.         17       BRUSH TRUCK 1       6/08/2021       55,335.       S/L       7       990.         16       Total: if the corporation is electring:       inter 12, column (h).       Total										-		
8       Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.       8         9       Tentative deduction. Enter the smaller of line 5 or line 8.       9         10       Carryover of disallowed deduction form prior taxable years.       10         11       Expression come limitation. Enter the smaller of business income (not less than zero) or line 5.       11         11       IRC Section 179 expresse deduction. Add line 9 and line 10, but do not enter more than line 11.       12         13       Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.       13         14       (a)       (b)       (C)       (C)         0       perceiation and Election of Additional First Year Depreciation Deduction Under RAIT Section 24356       (b)         14       (c)       (b)       (C)       (C)       (C)       (D)         0       perceiation       allowable in       allowable in       allowable in       perceiation first Year Depreciation       depreciation         15       PIRE ENGTNE       6/10/2021       16,500.       S/L       7       295.         17       BRUSH TRUCK 1       6/08/2021       55,335.       S/L       7       990.         16       Total: if the corporation is electring:       inter 12, column (h).       Total	7	l isted property (elec	ted IRC Section 17	'9 cost)			7			-		
9       Tentative deduction. Enter the smaller of line 5 or line 8.       9         10       Carryover of disallowed deduction from prior taxable years.       10         11       11       11         12       IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.       12         13       Carryover of disallowed deduction to 2021. Add line 9 and line 10, but do not enter more than line 11.       12         14       (a)       Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356         14       (a)       Date acquired       (C)       (d)       Depreciation of this year         15       Depreciation of property       Date acquired       (C)       (d)       Depreciation for this year         16       Description       Othor basis       Depreciation additional first year depreciation allowed or allowed or allowed in earlier years       S/L       7       205.         FIRE ENGINE       6/10/2021       16, 500.       S/L       7       295.       Depreciation 179 expense, add the amounts or line 12, and line 15, column (g) or 15       1, 490.         16       Total: If the corporation is electing:       IRC Section 179 expense, add the amount from line 12 and line 15, column (g) or 16       16         17       Depreciation adustreation amounts are used to determine net norme befor	-							ine 7		8	1	
11       Business income limitation. Enter the smaller of business income (not less than zero) or line 5	-									9		
12       IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	10	Carryover of disallov	ved deduction from	prior taxable years	S					10		
13       Carrover of disallowed deduction to 2021. Add line 9 and line 10, less line 12	11	Business income lim	nitation. Enter the s	maller of business	income (no	ot less that	an zero) o	or line 5		11		
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356         14       (a) Description of property       (b) Date acquired (mm/dd/yyyy)       (c) other basis       (c) other basis       (c) Depreciation earlier years       (f) Depreciation method       (f) Depreciation method       (f) Depreciation rate       (f) Depreciation this year       (f) Depreciation this year       (f) Depreciation method       (f) Depreciation method       (f) Depreciation this year       (f) Depreciation       (f) Deprecia	12									12		
14       (a) Description of property       (b) Date acquired (mm/dd/yyyy)       (c) other basis       (d) Depreciation allowed or allowable in earlier years       (e) Depreciation allowable in earlier years       (f) Depreciation allowable in earlier years       (g) Depreciation for this year       Additional fir year         EQUIPMENT       5/26/2021       11,459.       S/L       7       205.         FIRE ENGINE       6/10/2021       16,500.       S/L       7       295.         BRUSH TRUCK 1       6/08/2021       55,335.       S/L       7       990.         15       Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructors for line 14, column (h).       15       1,490.         Part III       Summary       Summary       16       Total: If the column call, enter the amount for line 15, column (g) or Additional first year depreciation under R&IC Section 179 expense, add the amount on line 12, column (g) or Additional first year depreciation durine the file of rederal purposes from federal Form 4562, line 2.       17         17       Total depreciation claimed for federal purposes from federal Form 4562, line 2.       R&IC       R&IC         18       Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Cost or other basis       R&IC       R&IC         19       (a) Description of property       Date acquired (mm/dd/yyyy) <td></td>												
Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Depreciation allowable in earlier years       Life or method allowable in earlier years       Depreciation for this year       Depreciation for the preciation for the precision for this year       Depreciation for this for this year       Depreciation for this year       Deprecint for this year <thdepreciation for<br="">this y</thdepreciation>	Par	t II Depreciation ar	nd Election of Addit	ional First Year Dep	reciation De	duction U	nder R&T	C Section 24	356			
of property       (mm/dd/yyyy)       other basis       allowed or allowable in earlier years       method rate       rate       'this year       year         EQUIPMENT       5/26/2021       11,459.       S/L       7       205.         FIRE ENGINE       6/10/2021       16,500.       S/L       7       295.         BRUSH TRUCK 1       6/08/2021       55,335.       S/L       7       990.         1       7       0.00       15       1,490.       16       17         1       7       1.00       15       1,490.       16       17         16       Total:       116       repreciation adjustment. If ine 17 is greater than line 16, column (g) or Additional first year depreciation adjustment is necessary.       17       17         18       Description of property	14	(a)	<b>(b)</b>	(c)							6	<b>(h)</b>
Image: Section of the sectio											IOr	
EQUIPMENT         5/26/2021         11,459.         S/L         7         205.           FIRE ENGINE         6/10/2021         16,500.         S/L         7         295.           BRUSH TRUCK 1         6/08/2021         55,335.         S/L         7         990.           Image: Solution of the second se										<i>j</i> • •		depreciation
FIRE       ENGINE       6/10/2021       16,500.       S/L       7       295.         BRUSH TRUCK 1       6/08/2021       55,335.       S/L       7       990.         Image: Solution of the second se			F /0 C /0 0 0 1	11 450	earlier ye	ears	a / T	-	2	0	0.5	
BRUSH TRUCK 1       6/08/2021       55, 335.       S/L       7       990.         15       Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h). The total of column (h) may not exceed       15       1,490.         Part III       Summary       16       1,490.         16       Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation claimed for federal purposes from federal Form 4562, line 22.       16         17       Total depreciation claimed for federal purposes from federal Form 4562, line 22.       17         18       Depreciation of Justment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (I California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)       18         Part IV       Amortization of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC Section (See instr)       Period or percentage         20       Total. Add the amounts in column (g).       20       21												
15       Add the amounts in column (g) and column (h). The total of column (h) may not exceed       15       1,490.         Part III       Summary       15       1,490.         16       Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, column (g).       16         17       Total depreciation claimed for federal purposes from federal Form 4562, line 22.       17         18       Depreciation gliptication and repreciation and provide a depreciation amounts are used to determine net income before state adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or form 100W, Side 1, line 6. If line 17 is column (g) or ther basis       18         Part IV       Amortization       18         19       (a)       (b)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC Section (see instr)       Period or percentage         20       Total. Add the amounts in column (g)       20       21       20												
\$2,000. See instructions for line 14, column (h)	BRU	JSH TRUCK I	6/08/2021	55,335.			S/L		/	9	90.	
\$2,000. See instructions for line 14, column (h)												
\$2,000. See instructions for line 14, column (h)												
Part III       Summary         16       Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).       16         17       Total depreciation claimed for federal purposes from federal Form 4562, line 22.       17         18       Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)       18         Part IV       Amortization       18         19       (a) Description of property       (b) Date acquired (mm/dd/yyyy)       (C) other basis       (d) Amortization allowed or allowable in earlier years       R&TC Section (see instr)       Period or percentage       Amortization for this year         20       Total. Add the amounts in column (g).       20       21	15									1 /	00	
16       Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).       16         17       Total depreciation claimed for federal purposes from federal Form 4562, line 22.       17         18       Depreciation dijustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If the 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Other basis       18         Part IV       Amortization       Amortization allowed or allowable in earlier years       R&TC Section (see instr)       Period or Percentage         20       Total. Add the amounts in column (g).       20       21	Dar		ions for line 14, co	iumn (n)						1,4	90.	
IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (fi no election is made), enter the amount from line 15, column (g).       16         17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.       17         18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (lf California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)       18         Part IV Amortization       19       (a) Description of property       (b) Date acquired (mm/dd/yyyy)       (c) Other basis       (d) Amortization allowed or allowable in earlier years       (f) R&TC Section (see instr)       Period or Period or percentage       (g) Amortization for this year         20       Total. Add the amounts in column (g).       20       21			tion is electing.									
Depreciation (if no election is made), enter the amount from line 15, column (g)	10	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, col	umn (g)	or					
17       Total depreciation claimed for federal purposes from federal Form 4562, line 22       17         18       Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)       18         Part IV       Amortization of property       (b)       (c)       (d)       (e)       (f)       Period or percentage       Amortization for this year         19       (a)       (b)       Cost or other basis       (c)       (d)       R&TC Section (see instr)       Period or percentage       Amortization for this year         19       (a)       (b)       Cost or other basis       (c)       (d)       R&TC Section (see instr)       Period or percentage       Amortization for this year         10       Image: Cost or other basis											16	
18       Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)       18         Part IV Amortization         19       (a)       (b)       (c)       (d)       (e)       (f)       (g)         Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC       Period or percentage       Amortization for this year         19       (a)       (b)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC       Section (se instr)       Period or percentage       Amortization for this year         19       (a)       (b)       (c)       (c)       (d)       Rest C       Section (se instr)       Period or percentage       Amortization for this year         18       Image: Section of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Ratific the section of the s	17										-	
Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100 w, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)       18         18         Part IV Amortization         19       (a)       (b)       (c)       (d)       (e)       (f)       (g)         Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC       Section (see instr)       Period or percentage       Amortization for this year         Image: Cost or other basis         19       (a)       (b)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC       Section (see instr)       Amortization for this year         10       10       10       10       10       10       10       10         10												
state adjustments on Form 100 or Form 100W, no adjustment is necessary.)		Form 100W, Side 1,	line 6. If line 17 is	less than line 16, 6	enter the dif	fference l	nere and o	on Form 100	) or			
Part IV       Amortization         19       (a) Description of property       (b) Date acquired (mm/dd/yyyy)       (c) Cost or other basis       (d) Amortization allowed or allowable in earlier years       (e) R&TC Section (see instr)       (f) Period or percentage       Amortization for this year		Form 100W, Side 2,	line 12. (If Californ	na depreciation am	nounts are u	sed to de	etermine r	net income l	before		18	
19       (a) Description of property       (b) Date acquired (mm/dd/yyyy)       (c) Cost or other basis       (d) Amortization allowed or allowable in earlier years       (e) R&TC Section (see instr)       (f) Period or percentage       (g) Amortization for this year	Par					,3501 y . )					10	
Description of property       Date acquired (mm/dd/yyyy)       Cost or other basis       Amortization allowed or allowable in earlier years       R&TC Section (see instr)       Period or percentage       Amortization for this year         Image: Section of property       Image: Section of the basis       Image: Section of th			(b)	(c)		(d)	)	(e)	(f)			(a)
Interview		Description	Date acquire	d Cost o		Amortiz	ation	R&TC	Perio	d or		Amortization
20       Total. Add the amounts in column (g)		of property	(mm/dd/yyyy	y other bas					percen	tage		for this year
21 Total amortization claimed for federal purposes from federal Form 4562, line 44       21							,	(222	1			
21 Total amortization claimed for federal purposes from federal Form 4562, line 44       21											1	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44       21											1	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44       21									1			
21 Total amortization claimed for federal purposes from federal Form 4562, line 44       21												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44       21	20	Total. Add the amou	ints in column (a)	L	I			1	1	20		
			(0)							-	1	
22 Amortization adjustment It line 21 is greater than line 20, enter the difference here and on Form 100 or 100 I	22									<u> </u>	1	
Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or		Form 100W, Side 1,	line 6. If line 21 is	less than line 20, e	enter the dif	fference l	nere and o	on Form 10	) or			
Form 100W, Side 2, line 12		Form 100W, Side 2,	line 12							22		



### 2020

### **CALIFORNIA STATEMENTS**

### PAGE 1

#### CLIENT 5150

### BELL CANYON VOLUNTEER WILDLAND FIRE DEPT

85-3746069 02:17PM

10/25/21

### STATEMENT 1 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

### **CURRENT OFFICERS:**

CURRENT OFFICERS: <u>NAME AND ADDRESS</u> GARRETT CLANCY 18 DAPPLEGRAY ROAD	TITLE AND AVERAGE HOURS PER WEEK DEVOTED PRESIDENT & CEO 25.00	TOTAL COMPEN- SATION \$ 0.	CONTRI- BUTION TO EBP & DC \$ 0.	
BELL CANYON, CA 91307 RICHARD LEVY 334 BELL CANYON ROAD BELL CANYON, CA 91307	TREASURER 2.00	0.	0.	0.
GREG MCHUGH 63 FLINTLOCK LN BELL CANYON, CA 91307	SECRETARY 2.00	0.	0.	0.
	TOTAL	<u>\$0.</u>	<u>\$0.</u>	<u>\$0.</u>
STATEMENT 2 FORM 199, PART II, LINE 17 OTHER EXPENSES FUEL. INSURANCE POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS SUPPIES AND SMALL EQUIPMENT TRAINING.			······	377. 6,540. 172. 676. 223. 2,520. 10,508.
STATEMENT 3 FORM 199, SCHEDULE L, LINE 18 OTHER LIABILITIES LOAN PAYABLE- ABADEE			TOTAL <u>\$</u>	27,667. 27,667.

STATE OF CALIFORNIA RRF-1						DEPARTMENT OF JU			
(Rev. 09/2017) IN							E 1 of 5		
MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400	TO A	REGISTRATI ITORNEY GE		OF CALIFO	ORNIA	(For Registry Use	Only)	UN DEPARTM	
STREET ADDRESS: 1300   Street		tions 12586 and 125 Cal. Code Regs. sec							
Sacramento, CA 95814 (916) 210-6400	Failure to subm	it this report annually no counting period may resu	later than four mo	onths and fifteen aft	er the end of the				
WEBSITE ADDRESS: www.ag.ca.gov/charities/	minimum tax o	of \$800, plus interest, and/ 3703; Government Code s	or fines or filing p	enalties. Revenue & S extensions will be	& Taxation Code				
BELL CANYON VOLUNTEE	R WTLDLAN	O FIRE DEPT		Check if:					
Name of Organization				Change of					
List all DBAs and names the organization uses or has used									
29 BAYMARE RD				State Charity F	Registration Num	nber <u>0274142</u>			
Address (Number and Street)         BELL CANYON, CA 91307         City or Town, State and ZIP Code    Corporation or Organization No. <u>4658693</u>									
(818) 699-1191		CORCENTION ORG				2746060			
Telephone Number					oyer ID No. 85				
ANNUAL F	REGISTRATION	RENEWAL FEE SCHE Make Check Paya				11, and 312)			
Gross Annual Revenue	Fee	Gross Annual Rev		Fee	Gross Annual			ee	
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 Between \$250,001				0,001 and \$10 millior 00,001 and \$50 millio 50 million	on \$	150 225 300	
PART A – ACTIVITIES		ł							
For your most recent full a	accounting peri	od (beginning	7/01/20	ending	6/30/21	) list:			
Gross Annual Revenue \$	101 950	). Noncash Cont	tributions \$		0. Total A	ssets \$ 11	7,62	77	
			_				1,02	<u>- / .</u>	
Program Ex	penses \$	0.		l otal Expenses	; \$ <u>1</u>	1,999.			
PART B - STATEMENTS									
Note: All questions must be an providing an explanation	swered. If you and details for	answer "yes" to any r each "yes" respons	of the quest se. Please rev	ions below, you /iew RRF-1 inst	u must attach a tructions for info	separate page ormation required.	Yes	No	
1 During this reporting period, we officer, director or trustee thereof, of	were there any either directly o	contracts, loans, leases c r with an entity in w	or other financial hich any such	transactions betw n officer, director of	een the organiza r trustee had any f	ation and any financial interest?		Χ	
2 During this reporting period, v	was there any t	heft, embezzlement,	, diversion or	misuse of the o	organization's charita	ble property or funds?		Х	
<b>3</b> During this reporting period, w	were any organi	ization funds used to	o pay any per	nalty, fine or jud	dgment?			Х	
4 During this reporting period, v coventurer used?	were the service	es of a commercial fund	lraiser, fundrai	sing counsel for	r charitable purposes	s, or commercial		Х	
<b>5</b> During this reporting period, o	did the organiza	tion receive any gov	vernmental fu	nding?				Х	
6 During this reporting period, o	did the organiza	tion hold a raffle for	r charitable p	urposes?				Х	
7 Does the organization conduc	t a vehicle don	ation program?						Х	
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?								Х	
9 At the end of this reporting pe	eriod did the or	raphization hold rate						Х	
		ganization noiu resti	icted net assets,	while reporting	negative unrest	tricted net assets?	$  \square$		
I declare under penalty of perju and belief, the content is true, o	ry that I have e	xamined this report	t, including a	ccompanying d					
	ry that I have e correct and con	xamined this report	t, including a	ccompanying d					

	•		Return of Or	Short F	orm mpt From Income	Тах		OMB No. 1545-0047
For	m <b>9</b>	90-EZ			(1) of the Internal Revenu			2020
			Do not enter social	security numbers o	n this form, as it may be r	nade public.		Open to Public
Depa Inter	artment nal Rev	of the Treasury venue Service	► Go to www.irs.go	v/Form990EZ for ins	tructions and the latest ir	formation.		Inspection
Α	For t	he 2020 calen	ıdar year, or tax year beginning	7/01	, 2020, and ending	6/30		, 2021
В		if applicable: C				DE	mployer	identification number
Ц		s change	ELL CANYON VOLUNTEER	WTLDLAND FTR	E DEPT		85-37	46069
Х	Name Initial r	change 20	BAYMARE RD				elephone	
		urn/terminated BE	ELL CANYON, CA 91307				(818)	699-1191
	Amenc	ded return				FG	aroup E	xemption
		ation pending				N	lumber	•
G		unting Method		er (specify) >				organization is <b>not</b>
1			WFD.ORG :k only one) — X 501(c)(3) 50	11(c) ( ) $-$ (insort n	o.) 4947(a)(1) or 527			Schedule B Z, or 990-PF).
J		kempt status (chec		11(c) ( ) ◄(insert n		(1 0111 990)	, 550 L	2, 01 990 11 ).
		of organization			Other			
L	Add I	lines 5b, 6c, a ts (Part II, coli	and 7b to line 9 to determine ground 7b to line 9 to determine ground (B)) are \$500,000 or more	oss receipts. If gross file Form 990 inste	receipts are \$200,000 or ad of Form 990-F7	more, or if tota	al ►\$	101,959.
Pa	rt I		Expenses, and Changes					
			organization used Schedule O					
	1		s, gifts, grants, and similar amo				1	101,959.
	2		vice revenue including governm				2	
	3	•	dues and assessments				3	
	4		ncome		i i		4	
			nt from sale of assets other that	-				
			r other basis and sales expense				5 c	
~	6	Gaming and	om sale of assets other than inventory ( fundraising events:		·		50	
Revenue			e from gaming (attach Schedul	-		1		
Vei	b		e from fundraising events (not i sing events reported on line 1)	0	of contribu	itions		
Re		of such gross	sing events reported of fine 1) s income and contributions exce	eds \$15,000)	6b			
	с	Less: direct e	expenses from gaming and fund	draising events	6c			
	d	Net income of 6b and subtra	or (loss) from gaming and fundr act line 6c)	aising events (add li	nes 6a and		6 d	
	7 a		of inventory, less returns and a					
	b	Less: cost of	goods sold		<b>7</b> b			
	с	Gross profit	or (loss) from sales of inventory	/ (subtract line 7b fro	om line 7a)		7 c	
	8		ue (describe in Schedule O)				8	
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7					101,959.
	10		similar amounts paid (list in Sch				10	
<i>/</i> <b>^</b>	11		d to or for members				11	
see	12		er compensation, and employe				12 13	
Expenses	13 14		fees and other payments to inc rent, utilities, and maintenance.	•			13	1
Ă	15						15	<u> </u>
	16	Other expense	plications, postage, and shipping ses (describe in Schedule O)		SEE SCHEDU	JLE O	16	11,150.
	17		ses. Add lines 10 through 16				-	11,999.
	18		eficit) for the year (subtract line				18	89,960.
Net Assets	19	Net assets o	r fund balances at beginning of	year (from line 27. d	column (A)) (must aaree w	vith end-of-vea	r	
Ass		figure reporte	ed on prior year's return)				19	0.
Net	20		es in net assets or fund balance				20	
	21		r fund balances at end of year.			••••••	21	89,960.
BA	A Fo	r Paperwork F	Reduction Act Notice, see the s	eparate instructions				Form <b>990-EZ</b> (2020)

	990-EZ (2020) BELL CANYON VOLU		RE DEPT	8	5-37	46069 Page <b>2</b>
Par	t II Balance Sheets (see the inst	ructions for Part II)	action in this Dout II			X
	Check if the organization used Sche	edule O to respond to any qu	estion in this Part II	(A) Beginning of y		(B) End of year
22	Cash, savings, and investments				22	
23	Land and buildings Other assets (describe in Schedule O)				23	
24					24	
25	Total assets Total liabilities (describe in Schedule O)		z ()		0.25	
26					0.26	= 1 0 0 0 0
27	Net assets or fund balances (line 27 of or t III Statement of Program Service Ac				0.27	89,960. Expenses
Par	Check if the organization used Scl	hedule O to respond to any c	uctions for Part III)	ШХ		•
What	is the organization's primary exempt purpose? SEE	SCHEDULE O			(c)(3	uired for section 501 3) and 501(c)(4)
Desc	cribe the organization's program service a	ccomplishments for each of i	its three largest pro	gram services, as		nizations; optional others.)
bene	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service ach program title.	ces provided, the ht	inner of persons		niners.)
28	SEE SCHEDULE 0					
					_	
		is amount includes foreign gi	,,		-	
29	(Grants \$) If thi	is amount includes foreign gi	rants, check here	•	28 a	11,999.
29					-	
					-	
	(Grants \$) If thi	is amount includes foreign gi	rants, check here		29 a	
30		5.5				
					-	
					]	
	(Grants \$) If thi	is amount includes foreign g	rants, check here	•••••	30 a	
31	Other program services (describe in Sch				-	
	(Grants \$) If thi	is amount includes foreign g	rants, check here	· · · · · · · · · · · · · · · · · · ·	31 a	
32	Total program service expenses (add lin				▶ 32	11,999.
Par	t IV List of Officers, Directors, Check if the organization used Sci					
		(b) Average hours per			fits,	
	(a) Name and title	week devoted to position	(c) Reportable compensa (Forms W-2/1099-MIS) (if not paid, enter -0-		leferred	(e) Estimated amount of other compensation
CAL			(,,	compensation	n	
	RETT CLANCY ESIDENT & CEO	25		0.	0.	0.
	HARD LEVY	23		0.	0.	0.
	EASURER	2		0.	0.	0.
	EG MCHUGH					
SEC	CRETARY	2		0.	0.	0.
	<b>-</b>					
			1/02/01			
BAA		TEEA0812L 0	1/28/21			Form <b>990-EZ</b> (2020)

Form	990-EZ (2020) BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 85-374606	9	F	age 3
_		SEE S	SCH	0
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		Yes	No
	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a 0.			
b	Did the organization file Form 1120-POL for this year?	37 b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	If 'Yes,' complete Schedule L, Part II, and enter the total amount involved.       38 b       0.			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
<b>40</b> a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization► 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			v
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
42 a	The organization's			
	books are in care of ► <u>RICHARD LEVY</u> Telephone no. ► (818)	<u>346</u>	- <u>8</u> 03	34
	Located at ► 23801 CALABASAS ROAD SUITE 2012 CALABASAS CA ZIP + 4 ► 91302	- — — r	Vee	Na
b	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)?	42 6	Yes	No
	If 'Yes,' enter the name of the foreign country ►	42 b		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		Х
	If 'Yes,' enter the name of the foreign country ►			L
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		•	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		Х
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
~	instead of Form 990-EZ.	44 b		Х

BAA TEEA0812L 10/26/20	Form 990	0-EZ (2020)
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		Х
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' <i>provide an explanation in Schedule O</i>	44 d	
c Did the organization receive any payments for indoor tanning services during the year?		Х
instead of Form 990-EZ.	44b	Х

Form 990-	EZ (2020) BELL CANYON VOLUNTE	EER WILDLAND FI	IRE DEPT	85-3	746069	F	Page 4
						Yes	No
46 Did t	the organization engage, directly or indire lidates for public office? If 'Yes,' complete	ctly, in political campa	ign activities on beh	half of or in opposition to	46		v
Part VI					40		Х
raitvi	All section 501(c)(3) organization		uestions 47-49h	and 52 and comple	te the table	24	
	for lines 50 and 51.						
	Check if the organization used	Schedule O to resp	oond to any que	stion in this Part VI.			🗖
						Yes	
	he organization engage in lobbying activities plete Schedule C, Part II				47		v
	e organization a school as described in se						X X
	the organization make any transfers to an		•				X
	es,' was the related organization a section	•	-				
50 Com	plete this table for the organization's five high	hest compensated emplo	oyees (other than offic	cers, directors, trustees, an			<u> </u>
empl	oyees) who each received more than \$100,0	00 of compensation from	the organization. If	there is none, enter 'None.'			
		(b) Average hours	(c) Papartable company	(d) Health benefits, contributions to employee	e (e) Estimate	d amou	unt of
	(a) Name and title of each employee	per week devoted to position	(c) Reportable compens (Forms W-2/1099-MIS	5C) benefit plans, and deferre compensation			
				compensation			
NONE							
f Tota	I number of other employees paid over \$	100,000 ►			•		
51 Com	plete this table for the organization's five hig pensation from the organization. If there i	hest compensated indep	endent contractors w	ho each received more than	n \$100,000 of		
CON	-						
	(a) Name and business address of each independent c	ontractor	(b)	Type of service	(c) Com	pensatio	'n
NONE							
<b>d</b> Tota	I number of other independent contractors	s each receiving over \$	5100,000		•		
	the organization complete Schedule A? N				► X Yes	Г	٦
	pleted Schedule A					5	No
true, correct,	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	er) is based on all information	of which preparer has any	knowledge.	Dellet, it is		
	· · · · · · · · · · · · · · · · · · ·						
Sign	Signature of officer			Date			
Here	RICHARD LEVY			TREASURER			
	Type or print name and title	Dreperer's signature	Data		DTIN		
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	_	
Paid	RICHARD LEVY	RICHARD LEVY	10/2	5/21 self-employed	P0003104	7	
Preparer		LSON, A PROFES			41 0000	010	
Use Only	Firm's address  23801 CALABASAS		012	Firm's EIN	41-2033		
Marit	CALABASAS, CA 9		unting		18-346-80		1
,	RS discuss this return with the preparer sl	iown above? See instr			► X Yes		No
BAA					Form <b>99</b>	U-EZ	(2020)

#### BAA

SCH	EDUL	ΕA
(Form	990 oi	990-EZ

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.

Open to Public Inspection

OMB No. 1545-0047

2020

• (	Go to	www.irs.	gov/Form99	90 for	instruct	ions a	and	the	latest	inform	ation.
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Name of	the	organization					Employer identifica	ation number	
BELI	. (	CANYON VOLUNTEER WI					85-374606		
Part		Reason for Public Cha		5				tions.	
	ne 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 1				,			
3		A hospital or a cooperative h							
4		A medical research organization	tion operated in conju	inction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). 上	nter the hospital's	
5		name, city, and state: An organization operated for	the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit de		
6		section 170(b)(1)(A)(iv). (Co A federal, state, or local gove	,	ntal unit described in <b>s</b>	ection 1	70(b)(1)			
7		An organization that normally r	5					lic described	
		in section 170(b)(1)(A)(vi). (	Complete Part II.)	art of its support from a	governin	entar un	t of from the general par		
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)				
9		An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) operation	ated in c	onjunctio	on with a land-grant colle	qe	
		or university or a non-land-grar university:	nt college of agriculture	(see instructions). Enter	the nan	ne, city, a	and state of the college of	or	
10	Х	An organization that normally from activities related to its e investment income and unrel June 30, 1975. See section 5	lated business taxable	e income (less section	oort from ns; and 511 tax)	contrib (2) no r from bi	utions, membership fe nore than 33-1/3% of it usinesses acquired by	es, and gross receipts is support from gross the organization after	
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	i 509(a)(4).		
12		An organization organized ar or more publicly supported o	rganizations describe	d in <b>section 509(a)(1)</b> c	or <b>sectio</b>	n 509(a)	)(2). See section 509(a	ut the purposes of one <b>)(3).</b> Check the box in	
а		lines 12a through 12d that de <b>Type I.</b> A supporting organization organization(s) the power to re-	on operated, supervised	d, or controlled by its sup	ported o	rganizati	ion(s), typically by giving	the supported	
		complete Part IV, Sections A	and B.	, ,					
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). <b>You</b>	
С		Type III functionally integrated. organization(s) (see instruction	. A supporting organizat ons). <b>You must comp</b>	ion operated in connection blete Part IV, Sections A	n with, ai <b>A, D, an</b>	nd functio d E.	onally integrated with, its	supported	
d		Type III non-functionally integrated. The c instructionally integrated. The c instructions). You must com	proanization generally	must satisfy a distribu	nnection tion req	with its s uiremen	supported organization(s) t and an attentiveness	) that is not requirement (see	
e		Check this box if the organize integrated, or Type III non-fu	ation received a writte	en determination from t	the IRS	that it is	a Type I, Type II, Type	e III functionally	
f	En	ter the number of supported of							
		ovide the following information		l organization(s).					
(i)	) Na	me of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(~)									
(B)									
<u> </u>									
(C)									
(D)									
(E)									
Total									

### Schedule A (Form 990 or 990-EZ) 2020 BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 85-3746069

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

	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in:	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and						►
	tion C. Computation of Pu						
	Public support percentage for 20	•					%
	Public support percentage from					L	%
16a	<b>33-1/3% support test-2020.</b> If t and <b>stop here.</b> The organization	he organization d qualifies as a pul	id not check the b blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, check	<pre>this box►</pre>
b	<b>33-1/3% support test–2019.</b> If the and <b>stop here.</b> The organization	e organization die qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	e. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances'	nd-circumstances test. The organiza	s test, check this l ation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization	VI how the ····· ►
18	Private foundation. If the organized	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2020

#### Schedule A (Form 990 or 990-EZ) 2020 BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 85-3746069

### 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.)

<u>C</u>	fails to qualify under the te	sis listed below, p	please complete P	art II.)			
	tion A. Public Support	(-) 0010	(1.) 0017	(a) 2019	(1) 0010	(-) 0000	
Caleno 1	lar year (or fiscal year beginning in) ► Gifts, grants, contributions,	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
-	and membership fees received. (Do not include						
~	any 'unusual grants.')					101,959.	101,959.
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose Gross receipts from activities						0.
-	that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or						0.
	facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	0.	0.	0.	101,959.	101,959.
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
-	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						101,959.
	tion B. Total Support	(-) 2016	<b>(b)</b> 2017	(-) 2018	(4) 2010	(-) 2020	
	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2016 0.	<b>(b)</b> 2017	(c) 2018 0.	(d) 2019 0.	(e) 2020 101, 959.	(f) Total 101,959.
	Gross income from interest, dividends,	υ.	0.	0.	0.	101,959.	101,959.
	payments received on securities loans, rents, royalties, and income from similar sources						0.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include						0.
	gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9,						
14	<b>First 5 years.</b> If the Form 990 is f organization, check this box and						<u>    101,959.</u> ► X
Sec	tion C. Computation of Pub						
-	Public support percentage for 202		-	e 13, column (f))		15	010
	Public support percentage from 2						00
Sec	tion D. Computation of Invo	estment Incon	ne Percentage				
17	Investment income percentage for	or 2020 (line 10c,	column (f), divide	d by line 13, colu	mn (f))	17	00
18	Investment income percentage fr						010
	<b>33-1/3% support tests—2020.</b> If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	orted organization.	· · · · · · · · · · · · · · · · · · ·
	<b>33-1/3% support tests</b> — <b>2019.</b> If the line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	alifies as a publicl	y supported organi	zation 🕨
	Private foundation. If the organiz	zation did not cheo					
BAA			TEEA0403L	09/14/20	Sch	nedule A (Form 990	0 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020	BELL (	CANYON VOLU	NTEER WILDLAND	FIRE	DEPT	85-3746069	Page 4
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 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

			V.	NL-
			Yes	No
	1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	2 Did the organization have any supported organization that does not have an IRS determination of status under section			
	509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
	3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines and 3c below.	3b <b>3a</b>		
	<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	Зc		
	<b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure the all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	at <b>4</b> c		
	<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in th	5a		
	organization's organizing document?	5b		
	<ul><li>c Substitutions only. Was the substitution the result of an event beyond the organization's control?</li><li>6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to</li></ul>	5c		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by or or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	ne 6		
	<ul> <li>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</li> </ul>			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
	8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Ye complete Part I of Schedule L (Form 990 or 990-EZ).	es,' <b>8</b>		
	9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2)) If 'Yes,' provide detail in <b>Part VI</b> .	? <b>9a</b>		
	<b>b</b> Did one or more disqualified persons (as defined in 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>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9c		
1	10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Y answer line 10b below.	'es,' 10a		
	<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	1 <b>0</b> b		

Schedule A (10111 350 01 350 E2) 2020 BELL CANTON VOLONIEER WILDLAND FIRE DEFI 05-5740009			aye J
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 in lines 11b and 11c below,			
the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in line 11a above?	11b		

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C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

#### Section B. Type I Supporting Organizations

Schedule A (Form 990 or 990-E7) 2020

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

### 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
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		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how			
the organization maintained a close and continuous working relationship with the supported organization(s).	2		
By reason of the relationship described in 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 I describe in <b>Part VI</b> the role the organization's supported organizations played			
in this regard.	3		
	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? 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> By reason of the relationship described in line 2, above, did the organization's supported organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organization's played</i>	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         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         By reason of the relationship described in line 2, above, did the organization's supported 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	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? 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? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> By reason of the relationship described in line 2, above, did the organization's supported organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played</i>

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

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

#### 2 Activities Test. Answer lines 2a and 2b below.

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

Yes

2a

2b

3a

3h

No

95-2716060

11c

1

2

Yes

No

Pana 5

Schedule A (Form 990 or 990-EZ) 2020 BELL CANYON VOLUNTEER WILDLAND			46069 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus <b>instructions.</b> All other Type III non-functionally integrated supporting organizatio	t on Nov ns must	/. 20, 1970 (explain ir complete Sections A	n Part VI). <b>See</b> 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		
<b>6</b> 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>b</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		
<b>3</b> Subtract line 2 from line 1d.	3		
<b>4</b> 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		
<b>3</b> 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 inte	earated .	Type III supporting or	ganization

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

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 85-3746069 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page	7
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				~	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required – provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
	Distributable amount for 2020 from Section C, line 6		-		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
-	Excess distributions carryover, if any, to 2020				
	From 2015				
	P From 2016				
-	From 2017				
	From 2018				
e	e From 2019				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ŀ	Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
	• Excess from 2017				
c	Excess from 2018				
c	Excess from 2019				
	Excess from 2020				

BAA

Schedule A (Form 990 or 990-EZ) 2020

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

5	
BELL CANYON VOLUNTEER WILDLAND FIRE DEPT 85-3746069	

### FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

DEPRECIATION	\$	1,490.
FUEL		377.
INSURANCE.		6,540.
SUPPIES AND SMALL EQUIPMENT		223.
TRAINING.	~	<u> </u>
TUTAL	ı Ş	11,150.

### FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	BEGINNIN	IG		ENDING
MACHINERY AND EQUIPMENT	\$	0.	<u>\$</u>	81,804.
TOTAL	\$	0.	\$	81,804.

### FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	BEG	INNING	 ENDING
LOAN PAYABLE- ABADEE.	\$	0.	\$ 27,667.
TOTAL	\$	0.	\$ 27,667.

### FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SUPPRESSION AND PREVENTION OF BRUSH FIRES IN BELL CANYON

### FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FORTY HOMES WERE DESTROYED AND ANOTHER TWENTY WERE BADLY DAMAGED IN BELL CANYON DURING THE WOOLSEY FIRE. LOCAL FIRE DEPARTMENTS WERE SPREAD SO THIN THAT BELL CANYON HAD LITTLE PROTECTION AND THUS THE DESTRUCTION AND DAMAGE OF ALMOST 10% OF THE HOMES.

THE BELL CANYON VOLUNTEER FIRE DEPARTMENT WAS ESTABLISHED TO PREVENT WILDFIRES, PERFORM FIRE SUPPRESSION, PERFORM LIMITED EMERGENCY MEDICAL SERVICES AND RATTLESNAKE REMOVAL. WE ARE WORKING IN SUPPORT AND TO SUPPLEMENT LOCAL AGENCIES.

Schedule O (Form 990 or 990-EZ) (2020)	Page 2
Name of the organization	Employer identification number
BELL CANYON VOLUNTEER WILDLAND FIRE DEPT	85-3746069

### FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

### 6/30/21

### 2020 CALIFORNIA BOOK DEPRECIATION SCHEDULE

## PAGE 1

### CLIENT 5150

### BELL CANYON VOLUNTEER WILDLAND FIRE DEPT

### 85-3746069

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<u>NO.</u>		DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	MET	HOD	LIFE.	RATE	CURRENT DEPR.
FOR	M 199																	
M	ACHINERY	AND EQUIPMENT																
1	EQUIPME	INT	5/26/21		11,459	1						11,459		S/L	MQ	7	.01790	20
2	FIRE ENG	AINE	6/10/21		16,500	)						16,500		S/L	MQ	7	.01790	29
3	BRUSH T	RUCK 1	6/08/21		55,335							55,335		S/L	MQ	7	.01790	99
	TOTAL N	ACHINERY AND EQUIPME			83,294		0	0	C	) 0	0	83,294	0					1,49
	TOTAL D	EPRECIATION			83,294		0	0	C	00	0	83,294	0				-	1,4
	GRAND T	OTAL DEPRECIATION			83,294		0	0	0	00	0	83,294	0				-	1,4