STATE OF CALIFORNIA RRF-1

(Rev 02/2021)

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

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

WEBSITE ADDRESS.

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

DEPARTMENT OF JUSTICE PAGE 1 of 5 (For Registry Use Only)

RECEIVED Attorney General's Office

MAR 1 5 2024

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www.oag.ca.gov/charities	23/0	3; Government Code	e section 12586.1. IRS e	xtensions will be h	Registry of Char	table	Trus			
MID COLOM HIDE DDICA	20			Check If:						
MID COAST FIRE BRIGA Name of Organization	DE			Change of	address					
				Amended	report					
List all DBAs and names the organization i				Citta Ohanta Bandada Na						
38000 PALO COLORADO Address (Number and Street)	ROAD			State Charity	Registration Number					
CARMEL, CA 93923 City or Town, State, and ZIP Code				Corporation of	r Organization No. 0917648					
(831) 625-8175										
Telephone Number	E-mail Add	dress		Federal Emplo	oyer ID No. <u>94-2593269</u>					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice										
Total Revenue	Fee	Total Revenue		Fee	Total Revenue	F	ee			
Less than \$50,000 Between \$50,000 and \$100,000	\$25 \$50	Between \$1,00	001 and \$1 million 0,001 and \$5 milli	on \$200	Between \$20,000,001 and \$100 million Between \$100,000,001 and \$500 million Between \$100,000,001 and \$500 million Between \$100,000 and \$100 and \$10	ion \$				
Between \$100,001 and \$250,000	\$75	Between \$5,00	0,001 and \$20 mil	110n \$400	Greater than \$500 million	4	1,200			
PART A – ACTIVITIES	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·								
For your most recent full a	ccounting perio	d (beginning	1/01/23	ending	12/31/23) list:					
Total Revenue \$ (including noncash contributions) 233,103. Noncash Contributions \$ 0. Total Assets \$ 1,051,696.										
Program Expenses \$ 0. Total Expenses \$ 141,226.										
DART D. CTATEMENTS DECARDING ODGANIZATION DUDING THE REDIOD OF THIS DEPORT										
PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page										
					ructions for information required.	Yes	No			
During this reporting period, we officer, director or trustee thereof, expenses.	ere there any contractly or	ontracts, loans, lease with an entity in	es or other financial to n which any such	ransactions betwo officer, director or	een the organization and any trustee had any financial interest?		X			
2 During this reporting period, w	as there any the	eft, embezzleme	ent, diversion or m	isuse of the o	rganization's charitable property or funds?		X			
3 During this reporting period, w	ere any organiz	ation funds used	d to pay any pena	lty, fine or judg	gment?		X			
4 During this reporting period, w coventurer used?	ere the services	of a commercial t	fundraiser, fundraisi	ng counsel for	charitable purposes, or commercial		X			
5 During this reporting period d	d the organizati	on receive any	governmental fund	ding?			X			
6 During this reporting period, d	d the organizati	on hold a raffle	for charitable pur	ooses?			X			
7 Does the organization conduct	a vehicle dona	tion program?					X			
Did the organization conduct a generally accepted accounting	in independent a principles for the	audit and prepai	re audited financia	al statements i	n accordance with		X			
9 At the end of this reporting pe	riod, did the org	anızatıon hold r	restricted net assets, v	hile reporting	negative unrestricted net assets?		X			
I declare under penalty of perius	y that I have ex	amined this rep	ort, including acc	ompanying do	ocuments, and to the best of my know	vledae	,			
and belief the content is true, o						J				
V Million	A CDEI	RYL GOETZ		DDECTNEXT	2 0 2	U				
Signature of Authorized Agent	Printed			PRESIDENT Title	Date 10					

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545 0047

Department of the Treasury

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

Open to Public

		enue Service				instructions and th					mspection	
<u>A</u>	For th	ne 2023 calenc		ear, or tax year beginni	ng	D 2023	and endin	g		, 2		
В	Check i	if applicable	С			Attorney Ge	neral's	Office	D Employe	r identific	ation number	
	Ad	ddress change		D COAST FIRE BE		ratorney ce	i ioi ai s	011100	94-2	5932	69	
	Na	ame change		000 PALO COLORA	ADO ROAD	MAD 4	E 2024		E Telephor	ne number	r	
	Ini	itial return	[CA	RMEL, CA 93923		MAR	5 2024		(831) 62	5-8175	
	Fin	nal return/terminated								,		
	П	mended return				Registry of Ch	naritable	Trusts	G Gross re	ceints \$	233	103.
	\vdash	plication pending	F	Name and address of principal	officer CHEDAT				a group return f			X No
		ppineation penanig		841 PALO COLORA	DO CANYON	GOETZ CARMEL, CA 9	13923					No No
	Tay	exempt status:		501(c)(3) 501(c) () (Insert no			If "No,	subordinates " attach a list	See instri	uctions	
<u> </u>						0.) 4947(a)(1) or	527					
J				MIDCOASTFIREBRI					exemption nu			
K		of organization		Corporation Trust X	Association Oth	er L	ear of format	ion 197	9 M St	ate of leg	al domicile: CA	
Pa	<u>irt l</u>	Summar	у									
	1	Briefly describ	be th	ne organization's missio	n or most signific	ant activities. FIF	RE SUPP	<u>RESSIO</u>	N, MEDI	CAL,	RESCUE A	AND
ė		PUBLIC E	DUC	CATION ALONG HI	GHWAY 1 FRO	OM_ROADS_IN_	BETWEED	<u> </u>				
Activities & Governance												
틷	İ						- -		_			
õ	_	Check this bo				operations or dispo	sed of mo	re than 25	% of its ne	t assets	S.	
প্ৰ				members of the govern			163			3		8
S	l			ndent voting members	5	, ,	10) .		_	4	·····	7
Ě				ndividuals employed in o olunteers (estimate if no		23 (Part V, line Za)			_	5		0
늉	1			isiness revenue from Pa		C) line 12			-	6		16
⋖	ŀ			iness taxable income fr		•			}-	7a 7b		50.
	- 5	THE UTILITIES	Dus	iness taxable income in	0111 1 01111 990-1,	raitr, iiile i i)	70	0	0.
	8	Contributions	224	grants (Part VIII, line 1	h)			P	rior Year		Current Ye	
ē				-	•	•			292,7	31.	233	042.
Revenue	l			evenue (Part VIII, line 2		7.41	•	ļ				
ě	1			e (Part VIII, column (A)		•			11 6	9.		50.
_				art VIII, column (A), line		· ·	- 10\		11,6		000	<u>11.</u>
				idd lines 8 through 11 (r			e 12)		304,3	/8.	233,	103.
				r amounts paid (Part IX		•						
				r for members (Part IX,		•						
ø,	15	Salaries, othe	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									
ıse	16a	Professional f	undı	raising fees (Part IX, co	lumn (A), line 11	e)						
Expenses	b	Total fundrais	ına e	expenses (Part IX, colui	mn (D), line 25)		1,302.					
й			-	Part IX, column (A), line			<u> </u>		205,6	1 2	1 / 1	226
	1			dd lines 13-17 (must ed		•						226.
	i .			enses. Subtract line 18		iiii (A), iiiie 25) .			205,6			226.
		Trevenue less		erises. Subtract file 10	IIOIII IIII 12				98,70			877.
Net Assets or Fund Balances	20	Total assats (Dort	X, line 16)					ng of Current		End of Ye	
336. 386.	20 21	Total liabilities		,				1	,077,20		1,051,	
A P	21		•	•			•			0.		565.
Σď	22			l balances. Subtract line	e 21 from line 20			1 1	.,077,20	56.	1,051,	<u>.131.</u>
	rt II	Signatur										
Unde	r penalti	es of perjury, I declar	are tha	at I have examined this return, inc ther than officer) is based on a	luding accompanying si	chedules and statements, a	nd to the best	of my knowled	dge and belief, i	t is true, c	orrect, and	
		To Trepa		A A A A A A A A A A A A A A A A A A A	ii iiioiiiialioii oi wiicii	preparer has any knowle	euge.		- , t			
			سيد	1001					3/9/	<u> </u>		
Siç	jn 💮		office	, _				Date	·			
He	re	CHERYL	_				P	reside	ent			
		Type or print										
		Print/Type p	repar	er's name	Preparer's signature		Date	,	Сћеск	ıf PT	IN	
Pa	id	Daniel	M	. Ukestad CPA	Daniel M.	Ukestad-CPA	3-6	1_) (self employed	P	00196945	
	pare					CIATES		7		1 =		
	e On		ss.	PO Box 22710					Firm's EIN	20-0	0606416	
				CARMEL, CA 93	922				Phone no	(831)	626-062	<u> </u>
May	the If	RS discuss thi	s ref	turn with the preparer si		e instructions			- Hone Ho		X Yes	No
ر ~…∽)			0	wie propuloi si	45040. 06			•		F 8	127 162	110

Par	rt III Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission.					
I	FIRE SUPPRESSION, MEDICAL, RESCUE AND PUBLIC EDUCATION ALONG HIGHW.	7N SVZ 1	EDO	M DO	N D.C	TNI
	BETWEEN REDUCATION ALONG HIGHW	WI T	_r roi	A KO	- TTB	- <u>TI</u> V
	DD14201					
			-			
2	Did the organization undertake any significant program services during the year which were not listed on the	prior		-		
	Form 990 or 990-EZ?			Yes	X	No
_	If "Yes," describe these new services on Schedule O.	_				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	s?		Yes	X	No
4	Describe the organization's program service accomplishments for each of its three largest program services			ند ندالد		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported.	others	the to	tal exp	enses	25. Š,
4a	a (Code) (Expenses \$132,001. including grants of \$) (Revi)
	The Mission Statement is as follows: The Mid-Coast Fire Brigade pr					:
	changing needs of our community, which includes Garrapata, Palo Co					
	Creek, Bixby and the Coast: from Garrapata State Park south to "So					
	Hurricane Point. We contribute to the quality of life within our					
	providing fire protection, fire prevention education, and by prote property, and the environment with compassion, vigilance and dedic			ves,		
	property, and the environment with compassion, vigitance and dedic	ario.	<u></u>			
4b	b (Code) (Expenses \$ including grants of \$) (Revi	enue	\$)
						
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40	c (Code.) (Expenses \$ including grants of \$) (Reve		Ġ			
	/ (codd:) (Expenses +) (new	silue	-		*****	—'
						. – – –
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				_		· -
						-
						· – – –
4d	d Other program services (Describe on Schedule O.)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 132,001.					

Form 990 (2023) MID COAST FIRE BRIGADE Part IV | Checklist of Required Schedules

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," of Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, I Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Part I Did the organization receive or hold a conservation easement, including easements to preserve open space environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Ye complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt nego services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete D, Part VI Did the organization report an amount for investments — other securities in Part X, l	candidates election 4 Part III ve the right e Schedule D, the 5, " 8 custodian	X	x x x x
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 for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt nego services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete D, Part VI 	tiation		Х
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or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," compl. D, Part VI	10		х
D, Part VI	VII, VIII, I X ,		
h Did the organization report an amount for investments — other securities in Part X. line 12, that is 5% or mo	ete Schedule	X	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	re of its total		Х
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or m assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	ore of its total	:	Х
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total asset in Part X, line 16? If "Yes," complete Schedule D, Part IX.	ts reported		Х
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D,			Х
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule	D, Part X 11 f		Х
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," co Schedule D, Parts XI and XII	mplete 12a		Х
b Was the organization included in consolidated, independent audited financial statements for the tax year? If if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	"Yes," and		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundra business, investment, and program service activities outside the United States, or aggregate foreign investre at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			Х
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to foreign organization? If "Yes," complete Schedule F, Parts II and IV	or for any		Х
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other as or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	sistance to		Х
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services of column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	n Part IX,		Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on lines 1c and 8a? If "Yes," complete Schedule G, Part II			Х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? complete Schedule G, Part III	If "Yes."		Х
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		+	

Form 990 (2023) MID COAST FIRE BRIGADE

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes." complete Schedule J</i>	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes." complete Schedule L, Part I	25 a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III. or IV. and Part V, line 1.	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
DAA	(gambling) winnings to prize winners? TEEA0104L 08/23/23	1c	0.5.5	2000
BAA	TECAUTU4L U8/23/23	Form	990 (2023)

Form 990 (2023) MID COAST FIRE BRIGADE

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	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)?	4 a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<u> </u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 b 5 c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	ļ	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
_	organization have excess business holdings at any time during the year?	8		<u> </u>
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		<u> </u>
	Section 501(c)(7) organizations. Enter.	30		
	Initiation fees and capital contributions included on Part VIII, line 12.			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in			
	which the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand. 13b 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		<u> </u>
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? See Schedule 0	2	X	
2			- ^	
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	5, 1. S			,,
_	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6		Х
b	members of the governing body? See Schedule 0 Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	X	
	stockholders, or persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	·
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done See Schedule O	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official See Schedule 0	15a	X	
	Other officers or key employees of the organization See Schedule 0	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16-		V
b	If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<u>X</u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure		•	
	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501 available for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain on Schedule O)	c)(3)s	only)	
19	Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	le to		
	the public during the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records.			
-	CHERYL GOETZ PALO COLORADO CANYON ROAD CARMEL CA 93923 (831) 625-8175			

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C	ition	١			-	
(A) Name and title	(B) Average	box.	unles	s per	rson	than d	an	(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week					or/trust		compensation from the organization (W 2/1099 MISC/1099 NEC)	compensation from related organizations (W 2/1099-	of other compensation from
	(list any hours for	direc	ğ	Officer	Key employee	yoldr səyliğ	Former	MISC/1099 NEC)	MISC/1099 NEC)	the organization and related organizations
	related organiza tions	tor	ional		\olda	ee ton	•			organizations
	below dotted	Individual trustee or director	Institutional trustee		8	npen				
	line) Î	ď	R			Highest compensated employee				
(1) CHERYL GOETZ	20									
President	0	X		Х				0.	0.	0.
(2) JAKE GOETZ	_ 20 _									
Vice President	0	X		Χ				0.	0.	0.
(3) ERIN_CARNEY	1									
Secretary	0	X		Χ				0.	0.	0.
(4) TINA_HANNAS-DEFRIETAS	0	١						_	_	
Director (5) NORM COMMON	0	X						0.	0.	0.
	1	X						^	0	0
(6) ONDINE GORTON	0	^						0.	0.	0.
Director		X					İ	0.	0.	0.
(7) COY WARE	1							· · ·	0.	<u></u>
Director	0	X						0.	0.	0.
		-								
(9)		-								
(10)		-								
(11)										
(12)										
(13)										
(14)										
]						

Part VII Section A. Officers, Directors, T	rustees,	Key	/ En	npl	oye	ees,	an	d Highest Co	npensated En	ployee	S (continued)
					C)						
(A) Name and title	(B) Average hours	box,	unles	neck s pe d a d	rson i	than or is both or/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	c	(F) ated amount if other
	per week (list any hours for	Individual trustee	Institu	Officer	Key employee	Highest co	Former	(W 2/1099 MISC/1099 NEC)	(W 2/1099 MISC/1099 NEC)	the o	nsation from rganization d related anizations
	related organiza tions	ndividual tr	ttonal	7	mploy	st con	4			org.	311124110115
	below dotted line)	ustee	Institutional trustee		ee	Highest compensated employee					
(15)			,,			8.					
(16)											···
(17)							-				
(18)											
(19)											
(20)											
(21)											,
	<u> </u>								···		
(22)											
(23)											
(24)											
(25)											
1b Subtotal								0.	0		0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A							0.	0		0.
Total number of individuals (including but not lin from the organization	nited to tho	se lis	sted	abo	ve)	who r	ece				
											Yes No
3 Did the organization list any former officer, direction on line 1a? If "Yes," complete Schedule J for such as the second of	ctor, truste ch individua	e, key al	y em	ploy	yee,	or hi	ghe	est compensated e	employee	3	X
4 For any individual listed on line la, is the sum of the organization and related organizations great such individual.		e con 50,00	npen 0? /:	isati f "Y	ion a es, "	and ot comp	he let	r compensation from the Schedule J for	om	4	v
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes"	ue compens	sation	n from	m a	ny u	· inrela	ted	Lorganization or in	ndıvıdual	5	X
Section B. Independent Contractors	ss, comple	10 30	neu	uie	J 101	Suci	μ	915011			
1 Complete this table for your five highest comper compensation from the organization. Report cor	nsated inde npensation	pend for th	lent he c	con aler	tract ndar	tors th	at end	received more that	an \$100,000 of the organization's	tax year	
(A) Name and business add						•		(B) Description o		((C) nsation
VENTANA ENGINEERING PO BOX 96 CAR	RMEL VA	LLE	ζ,	CA	93	924		ENGINEERING	3		
2 Total number of independent contractors (includ \$100,000 of compensation from the organization		limit	ed to	o the	ose	listed	ab	ove) who received	d more than		
BAA		TEEAC	108L	08/2	23/23					Form	990 (2023)

Part VIII Statement of Revenue

		Check if Schedule O contains a	a respons	se or note to any	line in this Part VIII	,		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស៊ី ស	1a	Federated campaigns .	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
S, S	С	Fundraising events	1c					
e e	d	Related organizations.	1d					
, i	е	Government grants (contributions)	1e	31,643.				
P. Ci	f	All other contributions, gifts, grants, and similar amounts not included above	1f	201 200				
혍뜛	a	Noncash contributions included in	- 11	201,399.				
	آ ا	lines 1a-1f	1g					
	h	Total. Add lines 1a-1f			233,042.			
це			-	Business Code				
.	2a							
e E	b							
Š	С							
Se	a							
ram		All other program service revenue						
Program Service Revenue	,	Total. Add lines 2a-2f	· · · · L				#	
	3	Investment income (including divi	donds in	toroct and				
	3	other similar amounts)	uenus, in	iterest, and	50.		50.	
	4	Income from investment of tax-ex	empt bor	nd proceeds			<u> </u>	
	5	Royalties						
		(i) Re	eal	(II) Personal		, , , , , , , , , , , , , , , , , , , ,		
	6a	Gross rents . 6a						
	b	Less: rental expenses 6b						
	t t	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Secu	rities	(ii) Other				
		sales of assets other than inventory 7a				1		
	b	Less: cost or other basis						
		and sales expenses 7b						
	1	Gain or (loss) 7c						***************************************
		Net gain or (loss)						
ξE	8a	Gross income from fundraising events						
/en		of contributions reported on line 1c).						
Ŗ		See Part IV, line 18	8a	11.				
ē	ь	Less, direct expenses.	8b	11.				
Other Reven	ı	Net income or (loss) from fundrais		nts	11.			
_							W	
	Ja	Gross income from gaming activities. See Part IV, line 19	9a			***************************************		
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming	activities	5				
	10a	Gross sales of inventory, less returns and allowances						
	ı		10a					
	ı	Less: cost of goods sold	10Ы					
	C	Net income or (loss) from sales o		1				
S	11-			Business Code				
scellaneo Revenue	11a							
를	b							
ទី ខ្	اب	All other revenue						
Miscellaneous Revenue		Total. Add lines 11a-11d .						
		Total revenue. See instructions		•	233,103.	0.	50.	0.
					Z33, IU3.	U.	50.	ı U.

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must o	complete all columns. A	III other organizations m	ust complete column (A)	
	Check if Schedule O contains a r	esponse or note to any	line in this Part IX		X
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees).				
	Management .				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion				
13	Office expenses	3,724.		3,724.	
14	Information technology				
15					
16	Occupancy	17,958.	17,958.		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,410.	43,410.		
23	Insurance	12,678.	12,678.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	12/0/0.	12,070.		
а	FIRE VECHICLES	29,176.	29,176.		
b		13,562.	13,562.		
С		3,819.	3,819.		
d	MEDICAL SUPPLIES	2,603.	2,603.		
	All other expenses See Sch. O	14,296.	8,795.	4,199.	1,302.
25	Total functional expenses. Add lines 1 through 24e	141,226.	132,001.	7,923.	1,302.
26			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line in this Part X			,
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		408,764.	1	417,944.
	2	Savings and temporary cash investments		30,830.	2	30,830.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contributor, or 35%		5	
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), and persons described in section 4958(f)(1).	`		6	
	7	Notes and loans receivable, net			7	
2	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·		8	
Assets	9	Prepaid expenses and deferred charges			9	
As	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 1,660,022.			
	b	Less: accumulated depreciation.	10b 1,067,100.	637,672.	10c	592,922.
	11	Investments — publicly traded securities	<u> </u>		11	
	12	Investments - other securities. See Part IV, line 11	. <u> </u>		12	
	13	Investments - program-related. See Part IV, line 11	.		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	10,000.
	16	Total assets. Add lines 1 through 15 (must equal line 3	33)	1,077,266.	16	1,051,696.
	17	Accounts payable and accrued expenses			17	565.
	18	Grants payable .			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	_		20	
<u>e</u>	21	Escrow or custodial account liability. Complete Part I	L		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, director, trustee, utor, or 35% sons		22	
	23	Secured mortgages and notes payable to unrelated th	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	, L		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	565.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			
ala	27	Net assets without donor restrictions		1,070,371.	27	1,044,236.
m	28	Net assets with donor restrictions		6,895.	28	6,895.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.	ck here			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	ent fund		30	
SS	31	Retained earnings, endowment, accumulated income,	or other funds .		31	
¥ A	32	Total net assets or fund balances		1,077,266.	32	1,051,131.
	33	Total liabilities and net assets/fund balances		1,077,266.	33	1,051,696.
BA	Δ		TEEA0111L 08/23/23	· · · · · · · · · · · · · · · · · · ·		Form 990 (2023)

Form 990 (20)	OO MIT	COACT	THE	DDTCADE
FORTH 990 (20)	23) MITD	CUASI	FIRE	BRIGADE

94-2593269

Page **12**

Pai	rt XI				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	33,1	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	41,2	226.
3	Revenue less expenses. Subtract line 2 from line 1	3		91,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		77,2	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O) See Schedule O	9	-1	18,0	12.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		51,1	
Pai	rt XII Financial Statements and Reporting		·		
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	on a			
.	• Were the organization's financial statements audited by an independent accountant?		26		Х
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b		
	basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	Represented to the Asia (as the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?	niform .	3a		X
b	olf "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits.	red audit	3ь		
BAA				990 (20231
			, 0,111	550 (2020)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OM3 No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MIL	COAST FIRE BRIGADE		94-2593269
Par	t I Organizations Maintaining D	onor Advised Funds or Other Simila	r Funds or Accounts
	Complete if the organization	answered "Yes" on Form 990, Part IV	/, line 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the	onor advisors in writing that the assets held in de e organization's exclusive legal control?	lonor advised funds Yes No
6	Did the organization inform all grantees, don- for charitable purposes and not for the benef impermissible private benefit?	ors, and donor advisors in writing that grant fun it of the donor or donor advisor, or for any othe 	nds can be used only er purpose conferring Yes No
Pai			/ .: ¬
	<u> </u>	answered "Yes" on Form 990, Part IV	/, line /.
1	Purpose(s) of conservation easements held to	· · · · · · · · · · · · · · · · · · ·	at an of a body and a second and a second
	Preservation of land for public use (for e.	· · ·	ation of a historically important land area ation of a certified historic structure
	Preservation of open space	Preserva	ation of a certified historic structure
2	<u> </u>	tion held a qualified conservation contribution in	a the form of a conservation easement on the
-	last day of the tax year.	non held a qualified conservation contribution in	The form of a conservation easement on the
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
t	Total acreage restricted by conservation ease	ements	2b
•	: Number of conservation easements on a cert	tified historic structure included on line 2a	2c
C	Number of conservation easements included a historic structure listed in the National Regi	on line 2c acquired after July 25, 2006, and not ister	t on 2d
3	Number of conservation easements modified tax year	, transferred, released, extinguished, or termina	ated by the organization during the
4	Number of states where property subject to o	conservation easement is located	
5	Does the organization have a written policy rand enforcement of the conservation easemed	egarding the periodic monitoring, inspection, ha ents it holds?.	andling of violations, Yes No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, handling of violations, and enfo	orcing conservation easements during the year
7	Amount of expenses incurred in monitoring,	inspecting, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2d above satisfy the requirements of sec	ction 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.	ports conservation easements in its revenue are to the organization's financial statements that of	nd expense statement and balance sheet, and describes the organization's accounting for
Par	t III Organizations Maintaining C	ollections of Art, Historical Treasure answered "Yes" on Form 990, Part IV	es, or Other Similar Assets /, line 8.
1a		er FASB ASC 958, not to report in its revenue s eld for public exhibition, education, or research al statements that describes these items.	
b	historical treasures, or other similar assets h following amounts relating to these items.	er FASB ASC 958, to report in its revenue state eld for public exhibition, education, or research	in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII		\$. \$
	(ii) Assets included in Form 990, Part X.		
	amounts required to be reported under FASE	5	for financial gain, provide the following
	Revenue included on Form 990, Part VIII, lin		\$
b	Assets included in Form 990, Part X		, ,, \$

Part III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, or C	Other Similar Assets	(contir	nued)	<u> </u>
3 Using the organization's acquisition, accession items (check all that apply).	n, and other records, che	eck any of the following t	that make significant us	e of its co	ollectic	n
a Public exhibition	d Loan	or exchange program				
b Scholarly research	e Other	-				
c Preservation for future generations						
4 Provide a description of the organization's coll Part XIII.	•	,		ın		
5 During the year, did the organization solicit or to be sold to raise funds rather than to be mai	ntained as part of the or	, historical treasures, or ganization's collection?	other similar assets	Yes		No
Part IV Escrow and Custodial Arrang Complete if the organization a Form 990, Part X, line 21.	nswered "Yes" on		·	an amo	ount d	on
1a Is the organization an agent, trustee, custodia on Form 990, Part X?			r assets not included	Yes		No
b If "Yes," explain the arrangement in Part XIII a	and complete the following	ng table.		Λt		
c Beginning balance			1c	Amount		
d Additions during the year			1d			
e Distributions during the year			1e			
f Ending balance			16			
2a Did the organization include an amount on For		for escrow or custodial a		Yes		No
b If "Yes," explain the arrangement in Part XIII.			- 1	163		
Part V Endowment Funds						
Complete if the organization a	nswered "Yes" on	Form 990, Part IV,	line 10.			
/ox Current	(h) Driar ina	r (a) Two ways had	(d) Three years healt	(-) [-		haal.
1a Beginning of year balance . (a) Current	year (b) Prior year	r (c) Two years back	(d) Three years back	(e) F0	ur years	Dack
b Contributions				-		
				+		
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities				1		
and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the curre		e 1g, column (a)) held a	s:			
a Board designated or quasi-endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
b Permanent endowment	i					
c Term endowment %						
The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.					
3a Are there endowment funds not in the possess	sion of the organization t	that are held and admini	stered for the	_		
organization by:	-				Yes	No
(i) Unrelated organizations?		f 1		3a(i)		
(ii) Related organizations?		•		3a(ii)		
b If "Yes" on line 3a(ii), are the related organiza	·			3b		L
4 Describe in Part XIII the intended uses of the		nt funds.				
Part VI Land, Buildings, and Equipm						
Complete if the organization answered	l "Yes" on Form 990, Par	rt IV, line 11a. See Form	990, Part X, line 10.			
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ook va	lue
1a Land		25,000.			25,	,000.
b Buildings		1,023,849.	463,360.		560,	,489.
c Leasehold improvements						
d Equipment		604,099.	598,813.		5,	,286.
e Other		7,074.	4,927.			,147.
Total. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X. II		,	•••		,922.
BAA			Sched	lule D (Fo		

Part VII	Investments - Other Securities	n Form 000 Dort IV II	N/A	
(a) Descri	Complete if the organization answered "Yes" option of security or category (including name of security)	n Form 990, Part IV, II (b) Book value	(c) Method of valuation: Cost or end-of-year market	volue
(1) Financia		(b) Dook value	(C) Method of Variation, cost of end-of-year market	value
- ,	held equity interests .			
(3) Other				
(A) (B)				
(B)				
(C)				
(C) (D) (E)				
$\frac{(F)}{(G)}$				· · · · · · · · · · · · · · · · · · ·
(H)				
<u>()</u>				
Total. (Column	n (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments — Program Related Complete of the organization answered "Yes" o	- F 000 D-+ IV I	N/A	
	complete if the organization answered "Yes" of a Description of investment	n Form 990, Part IV, II (b) Book value	ne IIc. See Form 990, Part X, line 13. (c) Method of valuation. Cost or end-of-year ma	arkat valva
(1)	(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of end-or-year ma	rket value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	n (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/A	A	·····
	Complete if the organization answered "Yes" o	<u>n Form 990, Part IV, II</u> scription		ok value
(1)	(a) DC.	зеприон	(b) Boo	JK Value
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·		
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9) (10)				
	mn (b) must equal Form 990, Part X, line 15, co	luma (P))		
Part X	Other Liabilities	iuiiii (b))		
	Complete if the organization answered "Yes" o		ne 11e or 11f. See Form 990, Part X, line 25.	
1.		ption of liability	(b) Boo	k value
(2) Federa	al income taxes			
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
(11)				
	nn (b) must equal Form 990, Part X, line 25, col			
2. Liability for i	uncertain tax positions. In Part XIII, provide the text of the foc	tnote to the organization's fi	nancial statements that reports the organization's liability for und	
tax positions un	der FASB ASC 740. Check here if the text of the footnote has	been provided in Part XIII	e e e e	

Cahadula	\Box	/E = ====	000)	2022	MIT	COACT	DIDE	DDTCAE	T
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94-2593269

Page 4

	tion of Revenue per Audited Financial Stateme		ırn N,	/A
Complete	if the organization answered "Yes" on Form 9	990, Part IV, line 12a.		
1 Total revenue, gain:	s, and other support per audited financial statements		1	
2 Amounts included o	n line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gain:	s (losses) on investments	2a		
b Donated services ar	nd use of facilities	2b		
c Recoveries of prior	year grants	2c		
d Other (Describe in F	Part XIII.)	2d		
e Add lines 2a through	h 2d		2e	
3 Subtract line 2e from	m line 1.	•	3	
4 Amounts included o	n Form 990, Part VIII, line 12, but not on line 1.			
a Investment expense	es not included on Form 990, Part VIII, line 7b.	. 4a		
b Other (Describe in F	Part XIII.)	4b		
c Add lines 4a and 4b	·		4c	
5 Total revenue. Add	lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	
	tion of Expenses per Audited Financial Stateme		turn	N/A
Complete	if the organization answered "Yes" on Form 9	990, Part IV, line 12a.		
1 Total expenses and	losses per audited financial statements	•	1	
2 Amounts included o	n line 1 but not on Form 990, Part IX, line 25.			
a Donated services ar	nd use of facilities	2a		
	nts			
b Prior year adjustme		2b		
b Prior year adjustmec Other losses		2b 2c		
• •				
c Other losses		2c	2e	
c Other losses d Other (Describe in F	Part XIII.)	2c	2e 3	
c Other lossesd Other (Describe in Fee Add lines 2a throught3 Subtract line 2e from	Part XIII.)	2c	———	
 c Other losses d Other (Describe in Fee Add lines 2a throught 3 Subtract line 2e from Amounts included of a Investment expense 	Part XIII.) h 2d m line 1 n Form 990, Part IX, line 25, but not on line 1: es not included on Form 990, Part VIII, line 7b	2c 2d	———	
c Other losses d Other (Describe in F e Add lines 2a throug) 3 Subtract line 2e fror 4 Amounts included of a Investment expense b Other (Describe in F	Part XIII.) h 2d m line 1 in Form 990, Part IX, line 25, but not on line 1: es not included on Form 990, Part VIII, line 7b Part XIII.)	2c 2d	———	
c Other losses d Other (Describe in F e Add lines 2a throug) 3 Subtract line 2e fror 4 Amounts included of a Investment expense b Other (Describe in F c Add lines 4a and 4b	Part XIII.) h 2d m line 1 in Form 990, Part IX, line 25, but not on line 1: es not included on Form 990, Part VIII, line 7b Part XIII.)	2c 2d 4a 4b	3 4c	
c Other losses d Other (Describe in F e Add lines 2a throug) 3 Subtract line 2e from 4 Amounts included of a Investment expense b Other (Describe in F c Add lines 4a and 4b	Part XIII.) h 2d m line 1 in Form 990, Part IX, line 25, but not on line 1: es not included on Form 990, Part VIII, line 7b Part XIII.) d lines 3 and 4c . (This must equal Form 990, Part I, line 1	2c 2d 4a 4b	3	

rait Ain Supplemental information

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

BAA

Schedule D (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MID COAST FIRE BRIGADE

Employer identification number 94-2593269

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

THE PRESIDENT , CHERYL GOETZ AND THE VICE PRESIDENT JAKE GOETZ ARE MARRIED

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

MEMBERS ELECT THE OFFICERS OF THE CORPORATION

Form 990, Part VI, Line 11b - Form 990 Review Process

THE RETURN IS PROVIDED TO THE BOARD OF DIRECTOS FOR THEIR APPROVAL

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

THE ENTITIES CONFLICT OF INTEREST POLICY SETS FORTH THE REQUIRED DISCLOSURES OF MEMBERS, DICTORS AND OFFICER.

THE ENTITY ADOPTED 2 CAL CODE OF REGS SECTION 18730 AND ANY ADMENDMENTS THERETO.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

COMPENSATION ID DETERMINED BY GRANTS AND THE REQUIREMENTS ARE SET FORTH IN THE GRANT DOCUMENT

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

COMPENSATION IS REVIED BY THE BOARD. THE ONLY COMPENSATION IS DONE BY GRANT APPROVAL

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

DOCUMENTS ARE AVAILABLE AT THE FIRE HOUSE

Form 990, Part IX, Line 24e Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management & General	Fundraising
BANK CHARGES	762.		762.	
BATTERIES	880.	880.		
COMPRESSER/SCUBA	2,356.	2,356.		
DUES AND SUBSCRIPTIONS	811.	811.		
EVENT COSTS				
FUND RAISING	1,302.			1,302.
MISCELLANEOUS	994.	994.		,
OPERATIONS SUPPLES				
OTHER TAXES	25.		25.	
PROFESSIONAL FEES	850.		850.	
PROTECTIVE EQUIPMENT	404.	404.		
RAIDO	2,364.	2,364.		

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Name of the organization	Employer identification number	
MID COAST FIRE BRIGADE	94-2593269	

Form 990, Part IX, Line 24e (continued) Other Expenses

		(A)	(B)	(C)	(D)
	_	Total	Program <u>Services</u>	Management <u>& General</u>	Fundraising
REPAIRS STATE TAXES TOOLS AND EQUIPMENT		68. 100. 918.	68. 918.	100.	
Travel UNIFORMS AND EQUIPMENT		2,462.		2,462.	
	Total 🔮	14,296.	\$ 8,795.	\$ 4,199.	\$ 1,302.

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

ASSETS

Total $\frac{$}{$}$ $\frac{-118,012}{-118,012}$.

12/31/23		202	3 Cali	forni	a Bo	ok De	2023 California Book Depreciation Schedule	ition §	ched	ule					Page 1
				Σ	D CO/	AST FIR	MID COAST FIRE BRIGADE	\DE						6	94-2593269
.No. Description	Date — Acquired	Date Sold	Cost/ Basis	Bus. Pet.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method Life. Rate.		Rate	Current Depr
Form 199															
Auto / Transport Equipment															
2 FIRE TRUCK	7/01/90	12/31/23	100							100	100	J/S	1 7	_	0
3 FIRE TRUCK	7/01/96	12/31/23	6,500							6,500	6,500	S/L	ر 1		0
4 FIRE TRUCK	4/01/00	12/31/23	10,000							10,000	10,000	S/L	ر 1		0
19 VEHICLE	8/01/06		253,041							253,041	253,041	S/L H	HY 7	_	0
21 VEHICLE	7/01/07	12/31/23	3,218							3,218	3,218	S/L	HY 5	10	0
44 E7430	2/29/16		56,266							56,266	52,247	S/L H	HY 7	7 .07140	4,019
45 WT12	8/07/17		70,971							170,971	55,763	S/L	HY 7	7 14290	10,142
46 U7491	1/01/17	l	16,732	1						16,732	13,146	S/L	HY 7	7 14290	2,391
Total Auto / Transport Equipment			416,828		0	0	0	0	0	416,828	394,015				16,552
Buildings															
5 BUILDING	7/01/99		5,835							5,835	3,525	S/L MM	39 M	9 .02564	150
9 BUILDING	7/01/01		4,128							4,128	2,279	S/L MM	M 39	9 02564	106
7 BUILDING	7/01/02		6,900							906'9	5,939	S/L MM	M 39	9 02564	177
8 BUILDING	7/01/03		60,000							900'09	29,928	S/L MM	M 39	9 .02564	1,538
9 BUILDING	7/01/04		392,470							392,470	189,113	S/L MM	M 39	9 02564	10,063
10 IMPROVMENTS	7/01/03		10,712							10,712	10,712	S/L HY	lY 15	10	0
15 BUILDING	10/01/05		133,860							133,860	29,060	S/L MM	M 39	9 .02564	3,432
20 CONSTRUCTION	7/01/06		90,980							90,980	38,399	S/L MM	M 39	9 .02564	2,333
23 CONSTRUICTION	7/15/07		20,126							20,126	7,977	S/L MM	M 39	9 .02564	516
24 CONSTRUCTION	7/15/08		5,670							5,670	2,097	S/L MM	M 39	3 02564	145
25 BUILDING CONSTRUCTION	7/15/09		110,428							110,428	38,103	S/L MM	M 39	9 02564	2,831
26 BUILDING	10/01/10		60,430							60,430	18,911	S/L MM	M 39	9 .02564	1,549

12/31/23		70	2023 Calif	iforn	lia B(ook De	fornia Book Depreciation Schedule	rtion (Sched	lule					Page 2
				_	DO GIM	AST FI	MID COAST FIRE BRIGADE	^DE			i				94-2593269
No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn_	Depr. Basis.	Prior Depr.	Method		Rate	Current Depr.
27 BUILDING	10/01/11		32,852							32,852	9,438	S/L MM	39 W	02564	1 842
28 BUILDING	10/01/12		34,299							34,299	7,581	S/L MM	M 39	.02564	6/8 #
29 BUILDING	7/01/01		4,128							4,128	2,279	S/L MM	M 39	.02564	106
30 BUILDING	10/01/13		51,031	'	j					51,031	12,044	S/L MM	39 M	.02564	1,308
Total Buildings			1,023,849		0	0	0	0 (0	1,023,849	437,385				25,975
Furniture and Fixtures															
32 CHAIRS	1/03/14		1,129							1,129	1,129	S/L HY	5		0
48 BOOKCASES	6/09/21		4,909	_						4,909	1,903	200DB HY		17490) 859
Total Furniture and Fixtures			6,038		0	0	0	0	0	6,038	3,032				859
Land															
 1 LAND	7/01/90		25,000							25,000					0
Total Land			25,000	_	0	0	0	0	0	25,000	0				0
Machinery and Equipment															
11 EQUIPMENT	7/01/02		7,032							7,032	7,032	S/L HY	3		0
12 EQUIPMENT	7/01/03		6,344							6,344	6,344	S/L HY	5		0
	9/13/05		18,283							18,283	18,283				0
	9/27/05		4,415							4,415	4,415				0
16 EQUIPMENI	5/01/04		23,127							23,127	23,127		· · ·		0 (
	12/05/05		7 449							7 449	7 449	S/L HY) C
	6/15/07		21,000							21,000	21,000				0
31 SCUBA EQUIPMENT	12/16/14		50,000							20,000	50,000	S/L HY			0

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12/31/23		70	2023 Cali	forn	ia Bo	ok De	ifornia Book Depreciation Schedule	tion S	ched	nle				Page	ge 3
				2	00 QII	AST FIR	MID COAST FIRE BRIGADE	DE						94-2593269	93269
No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pet.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Lufe R	Current Rate Dept.	ent or.
33 BAUER COMPRESSORS	1/07/14		26,525				•	-		26,525	26,525	≥	ო		0
34 BAUER COMPRESSORS	5/13/14		2,139							2,139	2,139	S/L HY	က		0
35 HOSE CLAMPS	2/12/15		3,656							3,656	3,656	S/L HY	7		0
36 HAND TOOLS	12/23/15		365							365	365	S/L HY	7		0
37 COMPRESSOR	5/05/15		365							365	365	S/L HY	7		0
38 OCEAN SURF RESCUE EQUIPME	7/01/15		1,242							1,242	1,242	S/L HY	2		0
39 STRUCTURE PPE	1/29/15		28,168							28,168	28,168	S/L HY	2		0
40 WILDLAND PPE	7/23/15		256							556	556	S/L HY	2		0
41 RADIO EQUIPMENT	6/29/15		4,014							4,014	4,014	S/L HY	2		0
42 OCEAN SURF RESCUR EQ	10/06/15		1,938							1,938	1,938	S/L HY	2		0
47 STEAM LIGHT	6/09/21		139							139	54	200DB HY	7	17490	24
Total Machinery and Equipment			207,089	I	0	0	0	0	0	507,089	207,004				24
Miscellaneous															
43 SINAGE	8/01/15	12/31/23	1,036	'						1,036	1,036	S/L HY	2		0
Total Miscellaneous			1,036		0	0	0	0	0	1,036	1,036				0
Total Depreciation			1,679,840	1 11			0	0	0	1,679,840	1,042,472				43,410
Grand Total Depreciation			1,679,840	II	0	0	0	0	0	1,679,840	1,042,472				43,410
Depreciation Assets Sold			20,854		0	0	0	0	0	20,854	20,854				0
Depr Remaining Assets			1,658,986	JI		0	0	0	0	1,658,986	1,021,618				43,410