

Return of Organization Exempt From Income Tax

(Rev. January 2020)

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

2019

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

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

C Name of organization **PINE STRAWBERRY FUEL REDUCTION INC**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 67
 City or town, state or province, country, and ZIP or foreign postal code
PINE, AZ 85544

D Employer identification number
26-1648961

E Telephone number
(928) 595-0204

F Name and address of principal officer: **MIKE BRANDT**
Same as C above

G Gross receipts \$ **80,582**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ **WWW.PINESTRAWBERRYFUELREDUCTION.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2007** **M** State of legal domicile: **AZ**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ASSIST IN THE REDUCTION OF WILDLAND AND STRUCTURAL FIRE IN THE PINE AND STRAWBERRY ARIZONA AREA THROUGH SUFFICIENT FIRE MITIGATION, MITIGATION PLANNING, VEGETATION MANAGEMENT, FIRE SAFE CONSTRUCTION, PUBLIC EDUCATION AND BIOMASS DEVELOPMENT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	106,361	75,210
	9 Program service revenue (Part VIII, line 2g)		5,372
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	106,361	80,582
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,378		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	84,628	61,441
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	84,628	61,441
19 Revenue less expenses. Subtract line 18 from line 12	21,733	19,141	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 214,404	End of Year 274,951
	21 Total liabilities (Part X, line 26)		0
	22 Net assets or fund balances. Subtract line 21 from line 20	214,404	274,951

Part II Signature Block

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

Sign Here

Signature of officer: **NANCY HUBBS** Date: **06-17-2020**

Type or print name and title: **NANCY HUBBS, TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **JOHN E BLANN JR** Preparer's signature: *[Signature]* Date: **06-18-2020** Check if self-employed PTIN: **P00598839**

Firm's name ▶ **PAYSON TAX SERVICE** Firm's EIN ▶
 Firm's address ▶ **1008 N BEELINE HWY** Phone no.
Payson AZ 85541 **928-472-8755**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ASSIST IN THE REDUCTION OF WILDLAND AND STRUCTURAL FIRE IN THE PINE AND STRAWBERRY ARIZONA AREA THROUGH SUFFICIENT FIRE MITIGATION , MITIGATION PLANNING, VEGETATION MANAGEMENT, FIRE SAFE CONSTRUCTION, PUBLIC EDUCATION AND BIOMASS DEVELOPMENT.

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

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ 9,792 including grants of \$ 5,000) (Revenue \$ 372)

MAINTAIN AND DEVELOP A BRUSH PIT IN COOPERATION WITH THE COUNTY AND THE FORSET SERVICE WHERE RESIDENTS CAN DEPOSE OF CLEARED VEGITATION FOR BURNING

4b (Code:) (Expenses \$ 5,047 including grants of \$) (Revenue \$)

PROVIDE FIREWISE EDUCATION TO THE NORTHERN GILA COUNTY ARIZONA REGIONAL RESIDENTS AND VISITORS WITH MAILINGS AND PARTICIPATION IN AREA EVENTS WITH INFORMATION BOOTHS.

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

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

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

4e Total program service expenses 14,839