

# Return of Organization Exempt From Income Tax

## 2021

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

<b>A</b> For the <b>2021</b> calendar year, or tax year beginning , <b>2021</b> , and ending , <b>20</b>																
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>PINE STRAWBERRY FUEL REDUCTION INC</b></td> <td><b>D</b> Employer identification number <b>26-1648961</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <b>(928) 595-0204</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 67</b></td> <td><b>G</b> Gross receipts \$ <b>87,112</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>PINE, AZ 85544</b></td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>MIKE BRANDT</b> <b>Same as C above</b></td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> </table>	<b>C</b> Name of organization <b>PINE STRAWBERRY FUEL REDUCTION INC</b>		<b>D</b> Employer identification number <b>26-1648961</b>	Doing business as		<b>E</b> Telephone number <b>(928) 595-0204</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 67</b>		<b>G</b> Gross receipts \$ <b>87,112</b>	City or town, state or province, country, and ZIP or foreign postal code <b>PINE, AZ 85544</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	<b>F</b> Name and address of principal officer: <b>MIKE BRANDT</b> <b>Same as C above</b>		<b>H(c)</b> Group exemption number ▶
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
<b>J</b> Website: ▶ <b>WWW.PINESTRAWBERRYFUELREDUCTION.ORG</b>																
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <b>2007</b> <b>M</b> State of legal domicile: <b>AZ</b>															

### Part I Summary

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>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.</b>		
	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)	<b>3</b>	<b>6</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>0</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>6</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	<b>30,821</b>	<b>69,793</b>
	9	Program service revenue (Part VIII, line 2g)	<b>3,950</b>	<b>10,769</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>6,550</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>34,771</b>	<b>87,112</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>11,535</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>44,970</b>	<b>95,053</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>44,970</b>	<b>95,053</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>(10,199)</b>	<b>(7,941)</b>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	<b>268,209</b>	<b>274,380</b>
	21	Total liabilities (Part X, line 26)	<b>317</b>	<b>0</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>267,892</b>	<b>274,380</b>

### 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.

<b>Sign Here</b>	<b>CINDY JORDAN</b> Signature of officer	<b>05-14-2022</b> Date
	<b>CINDY JORDAN, TREASURER</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOHN E BLANN JR</b>	Preparer's signature <b>JOHN E BLANN JR</b>	Date <b>10-31-2022</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00598839</b>
	Firm's name ▶ <b>PAYSON TAX SERVICE</b>	Firm's EIN ▶			
	Firm's address ▶ <b>1008 N BEELINE HWY Payson AZ 85541</b>	Phone no. <b>928-472-8755</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 70,663 including grants of \$ 1,000 ) (Revenue \$ 48,503 ) IMPROVE AND MAINTAIN AREA FOREST TRAILS FOR PUBLIC USE

4b (Code: ) (Expenses \$ 6,688 including grants of \$ ) (Revenue \$ 10,769 ) MAINTAIN AND DEVELOP A BRUSH PIT IN COOPERATION WITH THE COUNTY AND THE FORSET SERVICE WHERE RESIDENTS CAN DEPOSE OF CLEARED VEGETATION FOR BURNING

4c (Code: ) (Expenses \$ 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 77,351