

# California Exempt Organization Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization Name: **MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL**

California corporation number: **2287764**

FEIN: **91-2161820**

Street address (suite or room): **PO BOX 507**

City: **IDYLLWILD** State: **CA** ZIP code: **92549-0507**

Foreign country name: \_\_\_\_\_ Foreign province/state/country: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method:  
 (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed?  
 (1)  990T (2)  990-PF (3)  Sch H (990)

**G** Is this a group filing? See instructions.  Yes  No

**H** Is this organization in a group exemption?  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is an IRS Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	72,101.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	50,094.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	122,195.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	122,195.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	166,137.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-43,942.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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

**Sign Here** Signature of officer: \_\_\_\_\_ Title: **TREASURER** Date: \_\_\_\_\_ Telephone: **951-659-6208**

**Paid Preparer's Use Only** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  PTIN: **P00165007**

Firm's name (or yours, if self-employed) and address: **ROGERS, ANDERSON, MALODY & SCOTT, LLP**  
**735 E. CARNEGIE DRIVE, SUITE 100**  
**SAN BERNARDINO, CA 92408**  
 Telephone: **(909) 889-0871**

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

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

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<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	19.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	•	6	00	
	7	Other income	•	7	72,082.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	72,101.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	•	11	0.00	
	12	Other salaries and wages	•	12	93,926.00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	00
		14	Taxes	•	14	7,562.00
		15	Rents	•	15	800.00
		16	Depreciation and depletion (See instructions)	•	16	3,168.00
		17	Other Expenses and Disbursements	•	17	60,681.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	166,137.00

Schedule L Balance Sheets	Beginning of taxable year			End of taxable year	
	(a)	(b)	(c)	(d)	
<b>Assets</b>					
1 Cash		258,989.		•	212,106.
2 Net accounts receivable				•	
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments				•	
10 a Depreciable assets	60,651.		65,514.		
b Less accumulated depreciation	( 57,860. )	2,791.	( 61,028. )		4,486.
11 Land				•	
12 Other assets	STMT 5	9,308.		•	7,728.
13 <b>Total assets</b>		271,088.			224,320.
<b>Liabilities and net worth</b>					
14 Accounts payable		6,443.		•	3,617.
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities	STMT 6	3,975.			3,975.
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		260,670.		•	216,728.
22 <b>Total liabilities and net worth</b>		271,088.			224,320.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-43,942.
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5	•	-43,942.
7	Income recorded on books this year not included in this return.	•	
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8	•	
10	<b>Net income per return.</b> Subtract line 9 from line 6	•	-43,942.

FORM 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
USDA FOREST SERVICE	P.O. BOX 944246 SACRAMENTO, CA 94244	07/21/14	6,200.
CALIFORNIA EMERGENCY MANAGEMENT AGENCY	3650 SCHRIEVER AVE. MATHER, CA 95655	04/15/14	14,884.
TOTAL INCLUDED ON LINE 3			<u>21,084.</u>

FORM 199	OTHER INCOME	STATEMENT	2
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
MISCELLANEOUS REVENUE	0.
ABATEMENT COST-SHARING	72,082.
TOTAL TO FORM 199, PART II, LINE 7	<u>72,082.</u>

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 FORM 199            COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES            STATEMENT    3
 

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
LOIS HENSON PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
RON PERRY PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
DORIS LOMBARD PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
NORM WALKER PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
MARVIN SPREYNE PO BOX 507 IDYLLWILD, CA 92549-0507	DIRECTOR 1.00	0.
MIKE ESNARD PO BOX 507 IDYLLWILD, CA 92549-0507	PRESIDENT 2.00	0.
CHRIS KRAMER PO BOX 507 IDYLLWILD, CA 92549-0507	1ST VICE PRESIDENT 2.00	0.
LARRY KUENEMAN PO BOX 507 IDYLLWILD, CA 92549-0507	2ND VICE PRESIDENT 2.00	0.
RAY BARMORE PO BOX 507 IDYLLWILD, CA 92549-0507	SECRETARY 2.00	0.
JERRY HOLLDBER PO BOX 507 IDYLLWILD, CA 92549-0507	TREASURER 2.00	0.

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 TOTAL TO FORM 199, PART II, LINE 11
 

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0.

FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
ABATEMENT MATERIAL COST		9,991.	
FUEL REDUCTION PROGRAM		7,900.	
EDUCATIONAL SUPPLIES		6,676.	
PRINTING		6,198.	
LEGAL FEES		97.	
ACCOUNTING FEES		11,700.	
OFFICE EXPENSES		945.	
INFORMATION TECHNOLOGY		539.	
TRAVEL		6,068.	
INSURANCE		4,951.	
ALL OTHER EXPENSES		5,616.	
TOTAL TO FORM 199, PART II, LINE 17		60,681.	

FORM 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	9,308.	7,728.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	9,308.	7,728.	

FORM 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	3,975.	3,975.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,975.	3,975.	

FORM 199	FUND BALANCES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	235,650.	191,705.	
TEMPORARILY RESTRICTED ASSETS	25,020.	25,023.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	260,670.	216,728.	

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2014 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Fiscal Year - See instructions.**  
**Calendar Year - File and Pay by March 16, 2015.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov](http://ftb.ca.gov) for more information.

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12-04-14

--- DETACH HERE --- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR **2014** **Payment Voucher for Corps and Exempt Orgs e-filed Returns**

CALIFORNIA FORM  
**3586 (e-file)**

2287764 MOUN 91-2161820 000000000000 14 FORM 3  
TYB 01-01-2014 TYE 12-31-2014  
MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL

PO BOX 507  
IDYLLWILD CA 92549-0507

(951) 659-6208

Total Payment Amt 10.

TAXABLE YEAR  
**2014**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>MOUNTAIN COMMUNITIES FIRE SAFE COUNCIL</b>	<b>91-2161820</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>122,195.00</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>122,195.00</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>166,137.00</b>

**Part II Settle Your Account Electronically for Taxable Year 2014**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**


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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.**


**Sign Here**    **TREASURER**

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
<b>Must Sign</b> Firm's name (or yours if self-employed) and address	<b>ROGERS, ANDERSON, MALODY &amp; SCOTT, LLP</b>			FEIN <b>95-2662063</b>
	<b>735 E. CARNEGIE DRIVE, SUITE 100</b>			ZIP Code <b>92408</b>
	<b>SAN BERNARDINO, CA</b>			

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

<b>Paid Preparer</b> 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b> Firm's name (or yours if self-employed) and address	<b>ROGERS, ANDERSON, MALODY &amp; SCOTT, LLP</b>		<b>P00165007</b>
	<b>735 E. CARNEGIE DRIVE, SUITE 100</b>		FEIN <b>95-2662063</b>
	<b>SAN BERNARDINO, CA</b>		ZIP Code <b>92408</b>